

Fill in this information to identify the case:Debtor name ALEVO MANUFACTURING, INC.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINACase number (if known) 17-50877

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration Statement of Financial Affairs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 12, 2018X /s/ PETER HEINTZELMAN

Signature of individual signing on behalf of debtor

PETER HEINTZELMAN

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **ALEVO MANUFACTURING, INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**Case number (if known) **17-50877**
☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **90,705,352.96****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **90,705,352.96****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **741,911.32****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **67,816,800.88****4. Total liabilities**
Lines 2 + 3a + 3b\$ **68,558,712.20**

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☐ Check if this is an amended filing
Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo Bank, N.A.****Checking****3949****\$142,779.48**3.2. **Wells Fargo Bank, N.A.****Multi-Currency Account****7448****\$299.54**3.3. **Bank of America, N.A.****Checking****6028****\$7,260.90****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$150,339.92**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **Deposit - Duke Energy 5/2/14 \$130,000.00; 4/1/2016 \$50,857.29; 5/3/2016 \$24,411.52****\$205,268.81**

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7.2.	Deposit - Verizon 9/25/14 \$800.00; 10/23/2014 \$2,000.00; less credits of \$900.00	\$1,900.00
7.3.	City of Concord - Collections - Apt Utility Deposit Legacy # 104 & 106 6/3/2016	\$300.00
7.4.	City of Concord - Collections 275 Majest Dr #206 Deposit 6/16/2016	\$150.00
7.5.	My Townhome LLC 420 Queens Rd Emmanuel Sagnes Apt 6/10/2016	\$3,400.00
7.6.	Piedmont Natural Gas Co, Inc. 420 Queens Rd 7/22/2016	\$81.00
7.7.	Legacy Concord Land, LLC 5220 Binford Street NW, #103, Concord, NC 28027 9/25/2016-9/24/2017	\$250.00
7.8.	Legacy Concord Land, LLC 5220 Binford Street NW, #201, Concord, NC 28027 9/26/2017-9/25/2017	\$250.00
7.9.	Legacy Concord Land, LLC 5060 Avent Dr NW, #103, Concord, NC 28027 6/14/2017-6/13/2018	\$250.00
7.10.	Legacy Concord Land, LLC 5040 Avent Drive NW, #107, Concord, NC 28027 2/17/2017-2/16/2018	\$250.00
7.11.	Legacy Concord Land, LLC 5040 Avent Drive NW, #206, Concord, NC 28027 11/30/2016-11/29/2017	\$250.00
7.12.	Legacy Concord Land, LLC 275 Majesty Drive, #206, Concord, NC 28027 6/27/2016-4/26/2017	\$250.00
7.13.	Legacy Concord Land, LLC 280 Kenbrook Ln NW, #203, Concord, NC 28027 8/29/2017-8/28/2018	\$250.00
7.14.	Legacy Concord Land, LLC 5220 Binford Street NW, #107, Concord, NC 28027 2/27/2017-2/26/2018	\$250.00
7.15.	Legacy Concord Land, LLC 5220 Binford Street NW, #108, Concord, NC 28027 2/27/2017-2/26/2018	\$250.00

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7.16	Melissa L. Stone 316 Armour Street, Davidson, NC 28036-6940 8/1/2017-7/1/2018	\$2,000.00
7.17	Legacy Concord Land, LLC 5060 Avent Drive NW, #104, Concord, NC 28027 4/1/2017-3/31/2018	\$250.00
7.18	Legacy Concord Land, LLC 5060 Avent Drive NW, #106, Concord, NC 28027 4/1/2017-3/31/2018	\$250.00
7.19	PSNC Energy	\$90,000.00
7.20	Integra Springs Security Deposit - 11213 S. Gemini Springs Dr, 3/3/2016 - 4/14/2017	\$100.00
7.21	Integra Springs Security Deposit - 11321 S. Gemini Springs Dr, 3/3/2016 - 4/14/2017	\$100.00
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent Description, including name of holder of prepayment	
8.1.	Fantaco Inc. 12/10/2014	\$22,086.00
8.2.	Nuvation Research Corporation 2/23/2015	\$900,000.00
8.3.	Fusite B.V. 7/1/2015 \$243,315.07; 7/10/2015 \$251,094.24	\$243,567.01
8.4.	Legacy Concord Land, LLC - 5060 Avent Dr #106 - June Rent + Security 5/26/2016	\$250.00
8.5.	Legacy Concord Land, LLC - 5060 Avent Dr # 104 - June Rent + Security 5/26/2016	\$50.00
8.6.	Legacy Concord Land, LLC 275 Majest Dr #206 - June & July + Security 6/16/2016	\$250.00
8.7.	Superb Industries, Inc. 7/29/2016 \$214,000.00; 8/9/2016 \$88,000.00; 9/7/2016 \$30,000.00	\$332,000.00

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8.8.	Prepaid raw materials	\$822,469.00
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8.9.	Innovative Machine Corp. 05/19/2018	\$27,900.00
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8.10	Grenzeback Corporation 7/15/16	\$16,756.00
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8.11	Superb Industries, Inc. stock room inventory 7/29/16	\$23,544.00
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8.12	Sempa Systems GmbH 9/16/16	\$44,067.12
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8.13	Sumitomo Osaka Cement Co., Ltd - engineering support 9/19/16	\$18,686.70
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8.14	Miscellaneous deposits and prepayments to suppliers (list available upon request)	\$25,000.00
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9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$2,782,675.64

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

General description**Date of the last
physical inventory****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**19. **Raw materials**20. **Work in progress**

Debtor ALEVO MANUFACTURING, INC.
NameCase number (If known) 17-5087721. **Finished goods, including goods held for resale**22. **Other inventory or supplies**

See attached	8/18/2017	\$0.00	Recent cost	\$14,247,943.51
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Inventory held at Thermotech - see attached	9/11/2017	\$97,568.57	Recent cost	\$97,568.57
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Inventory located at Superb Industries - see attached	8/30/2017	\$214,237.32	Recent cost	\$214,237.32
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23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$14,559,749.4024. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Dell Power Edge Server, MES system software, Studio 500 Pro& RS view Studio ME,	\$0.00	Recent cost	\$626,531.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **ALEVO MANUFACTURING, INC.**
NameCase number (If known) **17-50877**43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$626,531.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1. Ford Transit		\$0.00	N/A	\$15,000.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
Coating Line		\$0.00	Recent cost	\$8,611,974.00
Welding Line		\$0.00	Recent cost	\$5,663,025.00
Assembly Line		\$0.00	Recent cost	\$17,181,504.00
Cell Fill		\$0.00	Recent cost	\$3,356,302.00
Formation Line		\$0.00	Recent cost	\$7,074,695.00
Electrolyte Equipment		\$0.00	Recent cost	\$22,756,401.00
Tooling		\$0.00	Recent cost	\$3,051,451.00
Other Production Line Equipment		\$0.00	Recent cost	\$220,844.00
Paste Mixing Equipment		\$0.00	Recent cost	\$864,469.00

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<u>Material Handling Equipment</u>	<u>\$0.00</u>	<u>Recent cost</u>	<u>\$1,535,529.00</u>
<u>Module and Contained Manufacturing</u>	<u>\$0.00</u>	<u>Recent cost</u>	<u>\$2,159,963.00</u>
<u>Optima 8300 Cross-flow Spectrometer</u>	<u>\$94,900.00</u>	<u>Recent cost</u>	<u>\$94,900.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$72,586,057.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **ALEVO MANUFACTURING, INC.**
NameCase number (If known) **17-50877****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$150,339.92	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$2,782,675.64	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$14,559,749.40	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$626,531.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$72,586,057.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$90,705,352.96	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$90,705,352.96

Fill in this information to identify the case:Debtor name **ALEVO MANUFACTURING, INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**Case number (if known) **17-50877**
☒ Check if this is an amended filing
Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Adam Ryan 5100 Downing Creek Drive Charlotte, NC 28269 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO \$7,288.06; 401k match \$266.15 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,554.21 \$7,554.21
2.2	Priority creditor's name and mailing address Alan Childers 2512 Applegate Drive Concord, NC 28027 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO \$559.73 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$559.73 \$559.73

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2.3	Priority creditor's name and mailing address Alan DuPree 3441 Yarmouth Lane Gastonia, NC 28056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$844.04	\$844.04
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$844.04		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Alan Watkins 9951 Barnett Road Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$316.40	\$316.40
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$316.40		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Alfred Barrier 303 Melrose Drive Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$277.20	\$277.20
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$277.20		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Alton Love 9075 Robinson Church Road Harrisburg, NC 28075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$653.00	\$653.00
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$612.61; 401k match \$40.39		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.7	Priority creditor's name and mailing address Andree Kiser 6700 Santa Claus Road Monroe, NC 28110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,132.33	\$3,132.33
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$3,132.33		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Andrew Butler 2804 Island Point Drive Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$184.80		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Anita Blackwelder 610 S. Valley Street Landis, NC 28088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,448.40	\$1,448.40
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,301.28; 401k match \$147.12		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Anthony Kelly 3106 MBA Court Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,057.66	\$1,057.66
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$900.74; 401k match \$156.92		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Antonio Little 1028 Linder Drive Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$646.31	\$646.31
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.61; 401k match \$33.70		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address April Brown 3514 Balsam Tree Drive Charlotte, NC 28269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$496.23	\$496.23
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$438.50; 401k match \$57.73		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Arlen Boyajian 5720 Carnegie Boulevard, #1308 Charlotte, NC 28209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$146.15	\$146.15
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Barbara Arico 3430 Lipe Road China Grove, NC 28023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$512.24	\$512.24
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$444.92; 401k match \$67.32		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address Barbara Davidson 1 Buffalo Avenue NW, Apt. 63 Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$612.61	\$612.61
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.61		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Bethany Winecoff 1535 NC Highway 152 W China Grove, NC 28023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$694.29	\$694.29
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$694.29		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Bobby English 189 Altondale Drive Statesville, NC 28625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$402.26	\$402.26
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$349.92; 401k match \$52.34		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Brandon Dobson 3750 Fieldcrest Circle NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$328.80	\$328.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$260.10; 401k match \$68.70		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Brenden Chatman 2720 South Boulevard, Apt. 212 Charlotte, NC 28209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$243.11	\$243.11
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$77.73; 401k match \$165.38		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Brent Giles 3101 N McDowell Street Charlotte, NC 28205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$612.81	\$612.81
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.81		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Brett Gale 1445 Biggers Cemetery Road Monroe, NC 28110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,327.34	\$1,327.34
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,184.38; 401k match \$142.96		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Brian McLester 1200 Graystone Court Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$63.77	\$63.77
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Brianna Bost 200 Castlewood Drive, #1122 Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29.70	\$29.70
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$29.70 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address Bryan Shaver 32393 Nanny Drive Albemarle, NC 28001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$677.25	\$677.25
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$612.61; 401k match \$64.64 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address Bryan Zimmerman 11208 Bryton Parkway, #12103 Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,799.71	\$1,799.71
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$1,636.25; 401k match \$163.46 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address Cabarrus County Tax Collector 65 Church Street S Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$570,832.54	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address Calvin Gurley 11740 Terrill Ridge Drive Davidson, NC 28036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$184.80		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address Candra Mathis 4381 Winterwood Lane Harrisburg, NC 28075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$78.46	\$78.46
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Carl Eudy 32475 Bridge Road Mount Pleasant, NC 28124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Carlena McCrary 508 Hyde Street Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$423.06	\$423.06
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$392.99; 401k match \$30.07		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.31	Priority creditor's name and mailing address Carlton Stewart 905 Dedmon Drive Charlotte, NC 28216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$291.15	\$291.15
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$218.79; 401k match \$72.36			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.32	Priority creditor's name and mailing address Carol Staley 7322 Daerwood Place Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$144.23	\$144.23
	Date or dates debt was incurred	Basis for the claim:			
		401k match			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.33	Priority creditor's name and mailing address Catherine Barber 11718 Stewart Crossing Drive Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$67.32	\$67.32
	Date or dates debt was incurred	Basis for the claim:			
		401k match			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.34	Priority creditor's name and mailing address Catherine Edwards 8310 W Franklin Street PO Box 126 Mount Pleasant, NC 28124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$675.87	\$675.87
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$570.10; 401k match \$105.77			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.35	Priority creditor's name and mailing address Cecil Manning 1435 Barnhardt Road China Grove, NC 28023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$907.62	\$907.62
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$805.85; 401k match \$101.77		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Chad Nance 913 Klondale Avenue Kannapolis, NC 28081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$78.09	\$78.09
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Cheryl Rakes 2518 Spencer Avenue Gastonia, NC 28054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$523.29	\$523.29
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$506.74; 401k match \$16.55		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Chris Moeller 1335 Yorkshire Place Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,040.93	\$1,040.93
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$887.48; 401k match \$153.45		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Christopher Alexander 1611 Seward Road Joliet, IL 60431	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,599.23 \$1,599.23
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.40	Priority creditor's name and mailing address Christopher Kintz 5027 Daffodil Lane Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$497.25 \$497.25
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$443.70; 401k match \$53.55	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address Christopher Laney 217 Beverly Drive NE Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$83.08 \$83.08
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$10.40; 401k match \$72.68	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address Christopher Peck 1423 Hess Road Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$906.66 \$906.66
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$834.73; 401k match \$71.93	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.43	Priority creditor's name and mailing address Christopher Roberts 14070 Harrison Parkway Fishers, IN 46038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$466.44	\$466.44
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Christy Grant 919 Littleton Drive Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$541.25	\$541.25
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$416.25; 401k match \$125.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Colby Meadows 608 Walter Street Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165.24	\$165.24
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Corey Bump 7113 Agava Lane Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$333.54	\$333.54
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Dagern Dereseln 5060 Avent Drive, Apt. 302 Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,587.98	\$1,587.98
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,443.75; 401k match \$144.23		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.48	Priority creditor's name and mailing address Dale Paul 6401 Loyola Court Charlotte, NC 28227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$632.01	\$632.01
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49	Priority creditor's name and mailing address Dalton Brandon 680 Harbor Edge Circle, Apt. 201 Memphis, TN 38103-5728	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$331.25	\$331.25
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50	Priority creditor's name and mailing address Daniel Eudy 627 Loch Lomond Circle Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$87.16	\$87.16
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$12.85; 401k match \$74.31		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51	Priority creditor's name and mailing address Darryn Merchant 209 Jonathan Court Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$381.92	\$381.92
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$274.03; 401k match \$107.89		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address David Brown 4129 Fincastle Court Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.08	\$106.08
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address David Carriere 4711 Hendrix Court Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address David Chilson 940 Lippard Road Salisbury, NC 28146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$610.83	\$610.83
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address David Coward 121 Oakwood Avenue Salisbury, NC 28141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$59.67</u>	<u>\$59.67</u>
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address David Ellington 8305 Bradford Road NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,587.98</u>	<u>\$1,587.98</u>
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$1,443.75; 401k match \$144.23		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address David Helms 233 Reids Pecan Drive Rockwell, NC 28138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$128.52</u>	<u>\$128.52</u>
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address David Linton PO Box 42242 Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$64.12</u>	<u>\$64.12</u>
Date or dates debt was incurred		Basis for the claim: 401k match		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address David Newton 1070 Bee Line Lane Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$523.56	\$523.56
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$379.33; 401k match \$144.23		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address David Rickenbacker 1214 Doncastle Court Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$116.64	\$116.64
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Deborah Graham Bivens Joy 6339 River Front Drive Harrisburg, NC 28075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$138.60	\$138.60
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Deborah Leitch 3530 Turner Avenue Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$231.00	\$231.00
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address Deborah Sabol 7506 Petrea Lane Charlotte, NC 28227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$666.16	\$666.16
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.61; 401k match \$53.55		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Dennis Hartsell 1055 Patterson Road Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$806.65	\$806.65
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$704.48; 401k match \$102.17		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address Dennis J. Ammerman 161 Wandering Lane Mocksville, NC 27028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$64.26	\$64.26
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address Devin Lowder 506 North Haywood Street Oakboro, NC 28129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$147.38	\$147.38
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$94.25; 401k match \$53.13		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address Donald Harter 13914 Dunslow Court Charlotte, NC 28269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,799.71 \$1,799.71
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,636.25; 401k match \$163.46	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.68	Priority creditor's name and mailing address Dwayne Curtis 4704 Myers Road Monroe, NC 28110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,619.79 \$1,619.79
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,472.67; 401k match \$147.12	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.69	Priority creditor's name and mailing address Earl McMillon 209 Brook Valley Drive Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$691.09 \$691.09
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.61; 401k match \$78.48	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.70	Priority creditor's name and mailing address Earle Aube 517 N Graham Street, #2F Charlotte, NC 28202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$966.16 \$966.16
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$812.31; 401k match \$153.85	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.71	Priority creditor's name and mailing address Edward McCray 4317 Morington Lane Charlotte, NC 28227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$612.61	\$612.61
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.72	Priority creditor's name and mailing address Eric Woodie 111 Harbor Point Drive Cherryville, NC 28021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,253.08	\$1,253.08
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.73	Priority creditor's name and mailing address Fonda Hailey 2036 Makin Drive Indian Trail, NC 28079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$652.31	\$652.31
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.74	Priority creditor's name and mailing address Gary Greer 278 Trillium Street NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$612.61	\$612.61
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.75	Priority creditor's name and mailing address Gary Summerlin 5063 Lacewood Court Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$552.73 \$552.73
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$445.76; 401k match \$106.97	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.76	Priority creditor's name and mailing address Gemayel Khan 4520 Sugarberry Drive, Apt. 716 Charlotte, NC 28269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$231.00 \$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.77	Priority creditor's name and mailing address Glenn Henry 965 Ed Weaver Road Salisbury, NC 28146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$220.01 \$220.01
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$152.69; 401k match \$67.32	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.78	Priority creditor's name and mailing address Gregory Dorko 12914 Sun Rise Lane Oakboro, NC 28129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,296.13 \$1,296.13
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,149.01; 401k match \$147.12	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.79	Priority creditor's name and mailing address Gregory Grammer 121 Crestview Drive Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$527.92	\$527.92
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$416.77; 401k match \$111.15			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.80	Priority creditor's name and mailing address Harold Whitley 1476 Hickory Avenue Albemarle, NC 28001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$277.20	\$277.20
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.81	Priority creditor's name and mailing address Heath Hindman 883 Pine Ridge Place SE Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,121.12	\$1,121.12
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.82	Priority creditor's name and mailing address Hugh Bunker 5319 Hackberry Lane SW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$312.92	\$312.92
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$223.047; 401k match 89.85			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.83	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84	Priority creditor's name and mailing address Jackie Threatt 107 Kenneth Street Monroe, NC 28110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$332.64 \$332.64
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85	Priority creditor's name and mailing address Jacob Lukach 12179 Swift Road Oakboro, NC 28129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$666.16 \$666.16
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$612.61; 401k match \$53.55 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86	Priority creditor's name and mailing address Jacqueline Snow 718 Blue Sky Drive Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$180.77 \$180.77
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: 401k match Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.87	Priority creditor's name and mailing address James Bravado 13101 Angel Oak Drive Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$186.14	\$186.14
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.88	Priority creditor's name and mailing address James Houpe 221 S. East Avenue Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$371.40	\$371.40
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$319.46; 401k match \$51.94		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.89	Priority creditor's name and mailing address James Martin 3241 Mount Pleasant Road Sherrills Ford, NC 28673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,816.93	\$6,816.93
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$6,586.16; 401k match \$230.77		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.90	Priority creditor's name and mailing address James Martin 3241 Mount Pleasant Road Sherrills Ford, NC 28673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,627.70	\$3,627.70
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$3,396.93; 401k match \$230.77		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.91	Priority creditor's name and mailing address James Miller 15940 Glenmore Road Gold Hill, NC 28071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$387.67	\$387.67
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$305.88; 401k match \$81.79		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address James Morris 150 Middle Brook Drive Rockwell, NC 28138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$307.22	\$307.22
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address James Orbison 620 N. Walnut Street Kannapolis, NC 28081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$413.75	\$413.75
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$288.88; 401k match \$124.87		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address James Pierce 1142 Brason Lane Wake Forest, NC 27587	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,727.72	\$1,727.72
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,570.80; 401k match \$156.92		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.95	Priority creditor's name and mailing address James Powell 4120 Deerfield Drive NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,259.62	\$1,259.62
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.96	Priority creditor's name and mailing address James Williams 132 Northbend Drive Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.97	Priority creditor's name and mailing address Jamie Council 2404 Brathay Court Charlotte, NC 28269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$158.51	\$158.51
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.98	Priority creditor's name and mailing address Janique Ebanks 4318 Kellybrook Drive Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22.02	\$22.02
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.99	Priority creditor's name and mailing address Jason Childers 2448 Saguaro Lane Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$329.21	\$329.21
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.100	Priority creditor's name and mailing address Jason Williams 5201 Paige Road Mount Pleasant, NC 28124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$231.00	\$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.101	Priority creditor's name and mailing address Jeffrey Phillips 6005 The Meadows Lane Harrisburg, NC 28075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$231.00	\$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.102	Priority creditor's name and mailing address Jeffrey White 2431 Mount Pleasant Road W Mount Pleasant, NC 28124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$481.03	\$481.03
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.103	Priority creditor's name and mailing address Jennifer Place 3894 Willow Grove Lane Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,593.33	\$5,593.33
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$5,310.06; 401k match \$283.27		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.104	Priority creditor's name and mailing address Jera Miller 2692 Farm Pond Road Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$55.08	\$55.08
Date or dates debt was incurred		Basis for the claim: 401k match		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.105	Priority creditor's name and mailing address Jeremy Jalowitz 1725 Thompson Drive Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$319.39	\$319.39
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$233.85; 401k match \$85.54		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.106	Priority creditor's name and mailing address Jerome Singleton 3425 Craig Avenue Charlotte, NC 28211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,398.85	\$2,398.85
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.107	Priority creditor's name and mailing address Jerry Sanders 1150 Stateline Road Clover, SC 29710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$116.64	\$116.64
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.108	Priority creditor's name and mailing address Jesse Matthews 216 N. Yadkin Avenue Spencer, NC 28159	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,052.86	\$1,052.86
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$866.51; 401k match \$186.35			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.109	Priority creditor's name and mailing address Joann Minton 10803 Faringford Court Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$88.82	\$88.82
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$49.86; 401k match \$38.96			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.110	Priority creditor's name and mailing address Joe Gonzalez 12792 Clydesdale Drive Midland, NC 28107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$348.82	\$348.82
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$301.10; 401k match \$47.72			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.111	Priority creditor's name and mailing address John Balog 5432 Farmbrook Drive Charlotte, NC 28210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$346.50	\$346.50
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.112	Priority creditor's name and mailing address John Grunlee 113 Piper Drive Pittsburgh, PA 15234	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,110.58	\$1,110.58
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.113	Priority creditor's name and mailing address John Hairfield 2360 Westerholt Court Mount Pleasant, NC 28124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$73.80	\$73.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.114	Priority creditor's name and mailing address John High 4413 Polk Ford Road Stanfield, NC 28163	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$173.08	\$173.08
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.115	Priority creditor's name and mailing address John Patrick 154 Vale Road Mocksville, NC 27028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,141.73	\$1,141.73
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,025.42; 401k match \$116.31		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.116	Priority creditor's name and mailing address John Scherlen 1630 Bellevue Road Salisbury, NC 28144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$153.92	\$153.92
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.117	Priority creditor's name and mailing address John Sybert 4760 Myers Lane Harrisburg, NC 28075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,452.03	\$1,452.03
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,304.91; 401k match \$147.12		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.118	Priority creditor's name and mailing address Jonathan Burgess 340 Sunset Drive SE Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$407.27	\$407.27
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$288.88; 401k match \$118.39		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.119	Priority creditor's name and mailing address Joseph Depasquale 35082 Cowder Road New London, NC 28127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$168.75	\$168.75
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.120	Priority creditor's name and mailing address Joseph Johnson 195 Marshdale Avenue SW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$503.13	\$503.13
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$391.99; 401k match \$111.14		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.121	Priority creditor's name and mailing address Joseph Myers 303 Crescent Street Rockwell, NC 28138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,413.72	\$1,413.72
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.122	Priority creditor's name and mailing address Joseph Smith 2792 Odell School Road Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$929.27	\$929.27
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$820.65; 401k match \$108.62		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.123	Priority creditor's name and mailing address Joshua Lee 311 Bost Street Kannapolis, NC 28081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,511.89	\$1,511.89
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,374.57; 401k match \$137.32		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.124	Priority creditor's name and mailing address Joy Utley 522 Cabarrus Avenue W Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$357.11	\$357.11
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$318.55; 401k match \$38.56		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.125	Priority creditor's name and mailing address Judy Jones PO Box 599 Woodleaf, NC 27054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$529.91	\$529.91
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$453.61; 401k match \$76.30		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.126	Priority creditor's name and mailing address Justin Stone 7609 Prairie Rose Lane Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$804.80	\$804.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.127	Priority creditor's name and mailing address Kaon Alston 6236 Countryside Drive Apt. 1 Charlotte, NC 28213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$75.92 \$75.92
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: 401k match Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.128	Priority creditor's name and mailing address Keith Flack 145 Overbrook Drive NE Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$355.12 \$355.12
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$289.35; 401k match \$65.77 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.129	Priority creditor's name and mailing address Keith Turner 12825 Beddingfield Drive Charlotte, NC 28278	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$147.12 \$147.12
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: 401k match Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.130	Priority creditor's name and mailing address Kenneth Beeker 370 Mountain Road Cleveland, NC 27013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$612.61 \$612.61
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.131	Priority creditor's name and mailing address Kenneth Hill 5940 Princeton Avenue Kannapolis, NC 28081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$576.76	\$576.76
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$517.14; 401k match \$59.62		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.132	Priority creditor's name and mailing address Kenneth Wherry 5303 Hackberry Lane SW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,095.37	\$4,095.37
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$3,828.83; 401k match \$266.54		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.133	Priority creditor's name and mailing address Kentrell Barnes 6025 Waterloo Drive Charlotte, NC 28269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.134	Priority creditor's name and mailing address Kevin Mitchell 6501 Ashdale Place Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$283.58	\$283.58
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$227.66; 401k match \$55.92		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.135	Priority creditor's name and mailing address Keyurbhai Shah 6430 Park Pond Drive Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$231.00	\$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.136	Priority creditor's name and mailing address Kristi Boyd 5991 Vinewood Road Davidson, NC 28036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$342.11	\$342.11
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.137	Priority creditor's name and mailing address Kristina Kairat 211 Old Rockwell Road, Apt. 34 China Grove, NC 28023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$983.28	\$983.28
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$858.33; 401k match \$124.95			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.138	Priority creditor's name and mailing address Kurt Sowers 10491 Troutman Road Midland, NC 28107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$409.33	\$409.33
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$337.82; 401k match \$71.51			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.139	Priority creditor's name and mailing address Kyra Tomlin 416 Clark Street Statesville, NC 28677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$4.80	\$4.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.140	Priority creditor's name and mailing address Larry Hensley 6886 Locke Drive Sherrills Ford, NC 28673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,727.69	\$1,727.69
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,570.77; 401k match \$156.92			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.141	Priority creditor's name and mailing address Lenette Brown 12652 Tucker Crossing Lane Charlotte, NC 28273	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$147.84	\$147.84
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.142	Priority creditor's name and mailing address Levent Neymen 13734 Bramborough Road Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$3,121.89	\$3,121.89
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.143	Priority creditor's name and mailing address Livia Burleson PO Box 994 33 Cedar Street Badin, NC 28009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$141.00	\$141.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.144	Priority creditor's name and mailing address Londa Carroll 4144 Whitney Place Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$802.85	\$802.85
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$729.93; 401k match \$72.92		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.145	Priority creditor's name and mailing address Loretta Foreman 2330 Miller Road Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$664.90	\$664.90
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.61; 401k match \$52.29		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.146	Priority creditor's name and mailing address Lovic Warren 6004 SM Benton Lane Monroe, NC 28110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,214.23	\$2,214.23
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.147	Priority creditor's name and mailing address Mackenzie Teague 4976 Astonshire Lane Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$167.28	\$167.28
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$99.28; 401k match \$68.00			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.148	Priority creditor's name and mailing address Marchelle Ratliff 1820 Harris Houston Road, Unit 621772 Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$321.89	\$321.89
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$258.65; 401k match \$63.24			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.149	Priority creditor's name and mailing address Margie Salamanchuk 613 Walter Street Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$634.60	\$634.60
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$571.77; 401k match \$62.83			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.150	Priority creditor's name and mailing address Marie Russell 10803 Faringford Court Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$914.62	\$914.62
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$803.08; 401k match \$111.54			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.151	Priority creditor's name and mailing address Mark Brown 4020 Winter Jasmine Place Kannapolis, NC 28081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$830.77	\$830.77
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.152	Priority creditor's name and mailing address Martha Thibault 137 Sport Court Way Mooreville, NC 28117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.19	\$320.19
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.153	Priority creditor's name and mailing address Martin Salazar 326 Mount Side Way Fort Mill, SC 29715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,743.02	\$2,743.02
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$2,556.67; 401k match \$186.35		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.154	Priority creditor's name and mailing address Mary Felder 105 Taunton Court, #15 Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$44.37	\$44.37
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$0.00; 401k match \$44.37		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.155	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$44.98	\$44.98
	Matthew English 189 Atondale Drive Statesville, NC 28625	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.156	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$3,889.38	\$3,889.38
	Matthew Shettel 2910 Oakdale Drive Monroe, NC 28110	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$3,644.38; 401k match \$245.00			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.157	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$699.66	\$699.66
	Michael Buchanan 9237 Glenashley Drive Cornelius, NC 28031	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.158	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$51.00	\$51.00
	Michael Kopsick 1901 Pennsylvania Avenue Kannapolis, NC 28083	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.159	Priority creditor's name and mailing address Michael Lang 516 Union Street S Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$321.17	\$321.17
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$250.61; 401k match \$70.56			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.160	Priority creditor's name and mailing address Michelle Nuckols 3027 Talladega Lane Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$649.72	\$649.72
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO \$576.80; 401k match \$72.92			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.161	Priority creditor's name and mailing address Nathan Stark 1459 Ontario Drive Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$612.61	\$612.61
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.162	Priority creditor's name and mailing address Nathaniel Grant 2056 Samantha Drive Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$333.17	\$333.17
	Date or dates debt was incurred	Basis for the claim:			
		Unpaid PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.163	Priority creditor's name and mailing address Neha Bavishi 1440 Harding Place, Apt. 639 Charlotte, NC 28204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,609.15	\$1,609.15
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$1,463.00; 401k match \$146.15 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.164	Priority creditor's name and mailing address Nicholas Frysinger 7360 Gilead Road Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$960.64	\$960.64
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$855.75; 401k match \$104.89 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.165	Priority creditor's name and mailing address Nicholas Perdue 1963 Cornatzer Road Mocksville, NC 27028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$344.43	\$344.43
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$275.77; 401k match \$68.66 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.166	Priority creditor's name and mailing address Noha Bailey 10824 Clark Street Davidson, NC 28036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$633.03	\$633.03
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.167	Priority creditor's name and mailing address Nolan Kuhn 3309 Caralea Valley Drive Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$484.70	\$484.70
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$411.26; 401k match \$73.44			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.168	Priority creditor's name and mailing address Norris Elam 315 Kindley Street Lexington, NC 27292	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$653.00	\$653.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$612.61; 401k match \$40.39			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.169	Priority creditor's name and mailing address North Carolina Department of Revenue Office Services Division Bankruptcy Unit PO Box 1168 Raleigh, NC 27602-1168	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.170	Priority creditor's name and mailing address Oupangna Soratana 2534 Mountain Laurel Avenue NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$405.10	\$405.10
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$ 342.72; 401k match \$62.38			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.171	Priority creditor's name and mailing address Patricia Bass 1406 Forest Park Drive Statesville, NC 28677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$110.64	\$110.64
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.172	Priority creditor's name and mailing address Patrick Leach 3832 Tea Royal Court Charlotte, NC 28215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$418.88	\$418.88
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.173	Priority creditor's name and mailing address Phillip Clark 16815 Macanthra Drive Charlotte, NC 28213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$141.00	\$141.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.174	Priority creditor's name and mailing address Phyllis Phifer 102 Elmhurst Lane Mooresville, NC 28115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$204.10	\$204.10
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$194.00; 401k match \$10.10		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.175	Priority creditor's name and mailing address Pierre Edmonson 3978 Long Leaf Court Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block;">\$3,465.00</div> <div style="border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$3,465.00</div>
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.176	Priority creditor's name and mailing address Randall Davis 3066 Clover Road NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block;">\$54.01</div> <div style="border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$54.01</div>
	Date or dates debt was incurred	Basis for the claim: 401k match	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.177	Priority creditor's name and mailing address Randy File 1090 Dutchmans Point Salisbury, NC 28146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block;">\$339.85</div> <div style="border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$339.85</div>
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.178	Priority creditor's name and mailing address Richard Edwards 5018 Pondview Court Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block;">\$1,587.98</div> <div style="border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$1,587.98</div>
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,443.75; 401k match \$144.23	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.179	Priority creditor's name and mailing address Rick Turner 114 W. Glenview Avenue Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$339.84	\$339.84
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.180	Priority creditor's name and mailing address Ricky Seymour 390 Rocky Rick Road Rockwell, NC 28138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$231.00	\$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.181	Priority creditor's name and mailing address Ricky Suttan 112 Cumberland Court SW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,310.70	\$1,310.70
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,183.20; 401k match \$127.50			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.182	Priority creditor's name and mailing address Robert Campbell 802 Cadillac Street Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$666.35	\$666.35
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.183	Priority creditor's name and mailing address Robert Culp 118 Log Barn Road Salisbury, NC 28146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$610.83	\$610.83
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.184	Priority creditor's name and mailing address Robert Hammel 142 Spencer Avenue Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$226.19	\$226.19
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$92.01; 401k match \$134.18		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.185	Priority creditor's name and mailing address Robert Jones 2075 Delfin Court Rock Hill, SC 29730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$343.27	\$343.27
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.186	Priority creditor's name and mailing address Robert Maple 7217 Cedarfield Road Charlotte, NC 28227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$378.18	\$378.18
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$221.26; 401k match \$156.92		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.187	Priority creditor's name and mailing address Robert Nipper 238 Spring Street SW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$5.51	\$5.51
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.188	Priority creditor's name and mailing address Rocky Baxter 209 Kinney Avenue Thomasville, NC 27360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$231.00	\$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.189	Priority creditor's name and mailing address Roger Alston 1546 Piney Church Road Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,413.81	\$1,413.81
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.190	Priority creditor's name and mailing address Ronnie Given 21468 Farmers Lane Locust, NC 28097	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$598.26	\$598.26
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$503.46; 401k match \$94.80			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.191	Priority creditor's name and mailing address Roy Barnes 294 Bleachery Court NW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$97.20	\$97.20
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.192	Priority creditor's name and mailing address Sangitaben Suthar 10342 Kempsford Drive Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.80	\$154.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.193	Priority creditor's name and mailing address Sarah Burgess 216 Hahn Place SE Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$108.35	\$108.35
	Date or dates debt was incurred	Basis for the claim: 401k match		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.194	Priority creditor's name and mailing address Sarah Jacobs 32033 Highway 24/27 Albemarle, NC 28001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$765.80	\$765.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$694.29; 401k match \$71.51		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.195	Priority creditor's name and mailing address Sherry Bailey 788 Jim Elliott Road Denton, NC 27239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$56.10	\$56.10
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.196	Priority creditor's name and mailing address Shikira Jones 1116 Samuel Adams Circle SW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$666.60	\$666.60
Date or dates debt was incurred		Basis for the claim: Unpaid PTO \$612.61; 401k match \$53.99		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.197	Priority creditor's name and mailing address Stacey Faggart 127 Cedar Drive NW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$115.67	\$115.67
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.198	Priority creditor's name and mailing address Stanley Honeycutt 6156 Gold Hill Road Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$380.77	\$380.77
Date or dates debt was incurred		Basis for the claim: Unpaid PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.199	Priority creditor's name and mailing address Stephen Hall 2308 Coneflower Drive Charlotte, NC 28213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$147.12 \$147.12
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: 401k match Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.200	Priority creditor's name and mailing address Stephen Winger 1611 Rustic Arch Way Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,302.17 \$1,302.17
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$1,135.44; 401k match \$166.73 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.201	Priority creditor's name and mailing address Stuart Brandt 3906 Burch Bridge Road Burlington, NC 27217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$485.69 \$485.69
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.202	Priority creditor's name and mailing address Stuart Pope 7596 Flowes Store Road Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$685.10 \$685.10
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid PTO \$544.98; 401k match \$140.12 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.203	Priority creditor's name and mailing address Taiwan Funderburk 662 Mills Road Pageland, SC 29728	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$1,619.79</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$1,619.79</div>
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,472.67; 401k match \$147.12	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.204	Priority creditor's name and mailing address Tera Stroud PO Box 225 Landis, NC 28088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$63.29</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$63.29</div>
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$4.77; 401k match \$58.52	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.205	Priority creditor's name and mailing address Termaine Thompson 7321 Crossridge Road Charlotte, NC 28214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$54.90</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$54.90</div>
	Date or dates debt was incurred	Basis for the claim: 401k match	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.206	Priority creditor's name and mailing address Terrell Hampton 1860 Gingercake Circle, Apt. 303 Rock Hill, SC 29732	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$1,149.62</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">\$1,149.62</div>
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,068.85; 401k match \$80.77	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.207	Priority creditor's name and mailing address Thomas Barnard 9706 Dark Crystal Court Huntersville, NC 28078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,085.19	\$1,085.19
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$902.50; 401k match \$182.69		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.208	Priority creditor's name and mailing address Tim Lowman 3050 Agner Road Salisbury, NC 28146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$179.48	\$179.48
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.209	Priority creditor's name and mailing address Timothy Vines 136 Northbend Drive, Apt. F Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$47.12	\$47.12
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.210	Priority creditor's name and mailing address Tonya Kettler 515 Robert Hargrave Lexington, NC 27292	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$738.27	\$738.27
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.211	Priority creditor's name and mailing address Travis Pickett 14201 Maple Hollow Lane Charlotte, NC 28227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,695.77	\$3,695.77
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$3,465.00; 401k match \$230.77		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.212	Priority creditor's name and mailing address Troy Snider 8000 Middleton Circle Harrisburg, NC 28075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$142.07	\$142.07
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$0.00; 401k match \$142.07		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.213	Priority creditor's name and mailing address Turner Moore 1801 Copperplate Road Charlotte, NC 28262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,530.29	\$1,530.29
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,443.75; 401k match \$86.54		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.214	Priority creditor's name and mailing address Tyeisha Campbell 2206 Meadecroft Road Charlotte, NC 28214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$231.00	\$231.00
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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	Name				
2.215	Priority creditor's name and mailing address Tyler Byrnes 1303 Samuel Adams Circle, #1303 Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$585.07	\$585.07
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$544.68; 401k match \$40.39			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.216	Priority creditor's name and mailing address Tyler George 104 Poplar Trail Rockwell, NC 28138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$138.60	\$138.60
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.217	Priority creditor's name and mailing address U.S. Securities & Exchange Commission Office of Reorganization 950 East Paces Ferry Road, Suite 900 Atlanta, GA 30326-1382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.218	Priority creditor's name and mailing address Valencia Caldwell 3879 Sarah Drive NW Concord, NC 28027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$137.55	\$137.55
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$70.99; 401k match \$66.56			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.219	Priority creditor's name and mailing address Vanessa Waller 1155 Hawkesbury Drive China Grove, NC 28023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$845.68	\$845.68
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$735.13; 401k match \$110.55		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.220	Priority creditor's name and mailing address Verner Young 7895 Georgia Avenue Kannapolis, NC 28081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$825.80	\$825.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$735.13; 401k match \$90.67		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.221	Priority creditor's name and mailing address Vickie Brinkley 2714 Hopeton Court Monroe, NC 28110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$434.54	\$434.54
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$373.85; 401k match \$60.69		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.222	Priority creditor's name and mailing address Vickie Powell 810 Summerlake Drive SW Concord, NC 28025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.80	\$154.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.223	Priority creditor's name and mailing address Wageh Gendy 3184 Rowan Brook Avenue Henderson, NV 89052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,938.42	\$3,938.42
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$3,681.68; 401k match \$256.74		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.224	Priority creditor's name and mailing address Walter Norton 14825 Bethel Avenue Ext Midland, NC 28107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$318.03	\$318.03
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$253.98; 401k match \$64.05		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.225	Priority creditor's name and mailing address Wayne Hartsell 7999 West Bay Drive Denver, NC 28037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,585.69	\$1,585.69
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$1,360.13; 401k match \$225.56		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.226	Priority creditor's name and mailing address Wesley Corbett 111 N. Carolina Drive, Apt. 403 Lexington, NC 27292	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.80	\$184.80
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.227	Priority creditor's name and mailing address Wesley Petrea 2126 Bertha Street Kannapolis, NC 28083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,920.60 \$3,920.60
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$3,675.79; 401k match \$244.81	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.228	Priority creditor's name and mailing address William Greene 610 Cedar Farm Road Salisbury, NC 28147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$123.76 \$123.76
	Date or dates debt was incurred	Basis for the claim: 401k match	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.229	Priority creditor's name and mailing address William Jones 123 Pine Lake Drive Clover, SC 29710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$399.81 \$399.81
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.230	Priority creditor's name and mailing address Wyatt Blume 10650 Stokes Ferry Road Gold Hill, NC 28071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$534.20 \$534.20
	Date or dates debt was incurred	Basis for the claim: Unpaid PTO \$481.03; 401k match \$53.17	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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3.1	Nonpriority creditor's name and mailing address 3M Company PO Box 371227 Pittsburgh, PA 15250-7227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,960.00
3.2	Nonpriority creditor's name and mailing address AC Controls Company Inc. PO Box 63243 Charlotte, NC 28263-3243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.3	Nonpriority creditor's name and mailing address Accounting Principals, Inc. Dept CH 14031 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,059.14
3.4	Nonpriority creditor's name and mailing address Action Industrial Supply 924 Cochran Street Statesville, NC 28677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,950.84
3.5	Nonpriority creditor's name and mailing address Adam Ryan 5100 Downing Creek Drive Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,603.14
3.6	Nonpriority creditor's name and mailing address Adam Ryan 5100 Downing Creek Drive Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Ryan (acct 1008).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,960.29
3.7	Nonpriority creditor's name and mailing address ADP Screening & Selection Services, Inc. PO Box 645177 Cincinnati, OH 45264-5177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.45

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3.8	Nonpriority creditor's name and mailing address Advanced Electronic Services, Inc. 101 Technology Lane Mount Airy, NC 27030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,372.99
3.9	Nonpriority creditor's name and mailing address Advanced Lithium Electrochemistry Co. 2-1, Hsing Hua Road Taoyuan City, 33068 Taiwan, Province of China Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,336.00
3.10	Nonpriority creditor's name and mailing address Advanced Machining & Tooling, LLC 215 Forbes Avenue Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,840.00
3.11	Nonpriority creditor's name and mailing address AERIS Enviromental, Inc. 1440 Blueberry Lane Charlotte, NC 28226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,460.00
3.12	Nonpriority creditor's name and mailing address Aerotek, Inc. 3689 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,778.70
3.13	Nonpriority creditor's name and mailing address Airgas USA, LLC PO Box 532609 Atlanta, GA 30353-2609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,014.69
3.14	Nonpriority creditor's name and mailing address Alan Watkins 9951 Barnett Road Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.15	Nonpriority creditor's name and mailing address Alantum Advanced Technology Materials IIIB-6 Dalian Free Trade Zone Dalian City, Liaoning Province P.R. China 116600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,394,091.27
3.16	Nonpriority creditor's name and mailing address Alevo Battery Technology Materials Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inter-company AP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,504.99
3.17	Nonpriority creditor's name and mailing address Alevo Group S.A. c/o Markus Adler Chief General Counsel Rue des Finettes 110 1920 Martigny Switzerland Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,710,618.00
3.18	Nonpriority creditor's name and mailing address Alevo International SA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inter-company AP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,965,414.95
3.19	Nonpriority creditor's name and mailing address Alfa International Ent. Ltd. 6540 Gottardo Court Mississauga Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,216.50
3.20	Nonpriority creditor's name and mailing address Alison Sloop 10555 Mt. Olive Road Mount Pleasant, NC 28124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Sloop (acct 2006).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$948.67
3.21	Nonpriority creditor's name and mailing address Allied Bearings & Supply, Inc. 274 Monroe Street Statesville, NC 28677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$369.78

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3.22	Nonpriority creditor's name and mailing address Allied Caster & Equipment Co. 3841 Corporation Circle Charlotte, NC 28216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.32
3.23	Nonpriority creditor's name and mailing address Allied Electronics, Inc. 7151 Jack Newell Boulevard South Fort Worth, TX 76118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$609.63
3.24	Nonpriority creditor's name and mailing address Ally Financial, Inc. PO Box 9001948 Louisville, KY 40290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,394.11
3.25	Nonpriority creditor's name and mailing address Alton Love 9075 Robinson Church Road Harrisburg, NC 28075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.14
3.26	Nonpriority creditor's name and mailing address Amelia Langford 117 Faires Avenue Belmont, NC 28012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Langford (acct 1000).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.42
3.27	Nonpriority creditor's name and mailing address American Safety Clothing, Inc. 30 East Park Avenue Sellersville, PA 18960-2731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,365.00
3.28	Nonpriority creditor's name and mailing address Andree Kiser 6700 Santa Claus Road Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.29	Nonpriority creditor's name and mailing address Anita Blackwelder 610 S. Valley Street Landis, NC 28088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30	Nonpriority creditor's name and mailing address Anthony Kelly 3106 MBA Court Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Antonio Little 1028 Linder Drive Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.73
3.32	Nonpriority creditor's name and mailing address Applied Industrial Technologies-Dixie, I 22510 Network Place Chicago, IL 60673-1225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.40
3.33	Nonpriority creditor's name and mailing address April Brown 3514 Balsam Tree Drive Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.34	Nonpriority creditor's name and mailing address Arlen Boyajian 5720 Carnegie Boulevard, #1308 Charlotte, NC 28209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.35	Nonpriority creditor's name and mailing address Armstrong Relocation 4400 Westinghouse Boulevard Charlotte, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,058.40

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3.36	Nonpriority creditor's name and mailing address Atlas Copco Compressors LLC 3042 Southcross Boulevard, Suite 102 Rock Hill, SC 29730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,879.64
3.37	Nonpriority creditor's name and mailing address ATS Automation Global Services USA, Inc. 730 Fountain St North, Bldg 2 Cambridge, ON N3H 4R7 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$593,542.00
3.38	Nonpriority creditor's name and mailing address Automation Technology, Inc. PO Box 348 Concord, NC 28206-0348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,580.39
3.39	Nonpriority creditor's name and mailing address AutomationDirect.com, Inc. PO Box 402417 Atlanta, GA 30384-2417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.50
3.40	Nonpriority creditor's name and mailing address Bahnson, Inc. 4731 Commercial Park Court Clemmons, NC 27012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,312.00
3.41	Nonpriority creditor's name and mailing address Barbara Arico 3430 Lipe Road China Grove, NC 28023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address Barbara Davidson 1 Buffalo Avenue NW, Apt. 63 Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.75

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3.43	Nonpriority creditor's name and mailing address Barbara Elam 555 Wrenn Drive Lexington, NC 27292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.60
3.44	Nonpriority creditor's name and mailing address Barefoot Oil 754 Concord Parkway N Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.08
3.45	Nonpriority creditor's name and mailing address Bearing Distributors PO Box 887 Columbia, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$749.86
3.46	Nonpriority creditor's name and mailing address Bec-Car Printing Co., Inc. 128 West Plaza Drive Mooresville, NC 28117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
3.47	Nonpriority creditor's name and mailing address Benjamin Lowe 2936 Winghaven Lane Charlotte, NC 28210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Lowe (acct 1001).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,280.61
3.48	Nonpriority creditor's name and mailing address Bertelkamp Automation Inc. PO Box 11488 Knoxville, TN 37939 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,851.64
3.49	Nonpriority creditor's name and mailing address Bethany Winecoff 1535 NC Highway 152 W China Grove, NC 28023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$491.76

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3.50	Nonpriority creditor's name and mailing address BK Giulini Giulinistrasse 276065 Ludwigshafen/Rhein Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,317.12
3.51	Nonpriority creditor's name and mailing address BLR (Business & Legal Resources) PO Box 5094 Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,511.62
3.52	Nonpriority creditor's name and mailing address Blue Cross Blue Shield PO Box 580017 Charlotte, NC 28258-0017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.53	Nonpriority creditor's name and mailing address Bobby English 189 Altondale Drive Statesville, NC 28625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.54	Nonpriority creditor's name and mailing address Brandon Dobson 3750 Fieldcrest Circle NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.55	Nonpriority creditor's name and mailing address Brenntag Mid-South Inc. PO Box 752094 Charlotte, NC 28275-2094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,321.80
3.56	Nonpriority creditor's name and mailing address Brett Gale 1445 Biggers Cemetery Road Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.75

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3.57	Nonpriority creditor's name and mailing address Brian McLester 1200 Graystone Court Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address Brookfield Ametek 11 Commerce Boulevard Middleboro, MA 02346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.85
3.59	Nonpriority creditor's name and mailing address Bryan Shaver 32393 Nanny Drive Albemarle, NC 28001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.64
3.60	Nonpriority creditor's name and mailing address Bryan Zimmerman 11208 Bryton Parkway, #12103 Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.35
3.61	Nonpriority creditor's name and mailing address C&C Boiler Sales and Services, Inc. 6000 Preston Lane Charlotte, NC 28270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.99
3.62	Nonpriority creditor's name and mailing address C.H. Robinson Worldwide, Inc. and Subsidiaries PO Box 9121 Minneapolis, MN 55480-9121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162,174.25
3.63	Nonpriority creditor's name and mailing address Callaway Industrial Service, Inc. PO Box 3128 Mooreville, NC 28117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00

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3.64	Nonpriority creditor's name and mailing address CardsandKeyfobs.com PO Box 205 Saint Anthony, ID 83445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$612.88
3.65	Nonpriority creditor's name and mailing address Career Builders.Com 13047 Collectoin Center Drive Chicago, IL 60693-0130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.66	Nonpriority creditor's name and mailing address Carlena McCrary 508 Hyde Street Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.67	Nonpriority creditor's name and mailing address Carlton Stewart 905 Dedmon Drive Charlotte, NC 28216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.68	Nonpriority creditor's name and mailing address Carol Staley 7322 Daerwood Place Charlotte, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.69	Nonpriority creditor's name and mailing address Carolina Brush Company PO Box 2469 Gastonia, NC 28053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$471.48
3.70	Nonpriority creditor's name and mailing address Carolina Cat-Power Systems Division PO Box 75054 Charlotte, NC 28275-0054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,236.29

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3.71	Nonpriority creditor's name and mailing address Carolinas HealthCare SystemMedical Group 920 Church Street North Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
3.72	Nonpriority creditor's name and mailing address Carotek, Inc. PO Box 890140 Charlotte, NC 28289-0140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,810.94
3.73	Nonpriority creditor's name and mailing address Carrier Corporation PO Box 93844 Chicago, IL 60673-3844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,230.50
3.74	Nonpriority creditor's name and mailing address Carter's Machine Co., Inc. 540 Lake Lynn Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,935.00
3.75	Nonpriority creditor's name and mailing address Catawba Industrial Rubber Co. 4629 Dwight Evans Road Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,305.72
3.76	Nonpriority creditor's name and mailing address Catherine Barber 11718 Stewart Crossing Drive Charlotte, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.77	Nonpriority creditor's name and mailing address Catherine Edwards 8310 W Franklin Street PO Box 126 Mount Pleasant, NC 28124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.68

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3.78	Nonpriority creditor's name and mailing address Catherine Edwards 8310 W Franklin Street PO Box 126 Mount Pleasant, NC 28124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Edwards (acct 1005).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,960.29
3.79	Nonpriority creditor's name and mailing address Cecil Manning 1435 Barnhardt Road China Grove, NC 28023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address Center for Occupational Diagnostics, LLC 9710 Northcross Center Court Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
3.81	Nonpriority creditor's name and mailing address Century Contractors, Inc. 5100 Smith Farm Road Matthews, NC 28104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,193,509.63
3.82	Nonpriority creditor's name and mailing address Chad Nance 913 Klondale Avenue Kannapolis, NC 28081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83	Nonpriority creditor's name and mailing address ChemTreat, Inc. 15045 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,020.10
3.84	Nonpriority creditor's name and mailing address Cheryl Rakes 2518 Spencer Avenue Gastonia, NC 28054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.85	Nonpriority creditor's name and mailing address Chris Moeller 1335 Yorkshire Place Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.86	Nonpriority creditor's name and mailing address Christopher Kintz 5027 Daffodil Lane Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.87	Nonpriority creditor's name and mailing address Christopher Laney 217 Beverly Drive NE Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.88	Nonpriority creditor's name and mailing address Christopher Peck 1423 Hess Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.89	Nonpriority creditor's name and mailing address Christopher Roberts 14070 Harrison Parkway Fishers, IN 46038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.90	Nonpriority creditor's name and mailing address Christy Grant 919 Littleton Drive Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.91	Nonpriority creditor's name and mailing address Cimtec Automation LLC 3030 Whitehall Park Drive Charlotte, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,212.25

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3.92	Nonpriority creditor's name and mailing address Cintas Corp No. 2 PO Box 630803 Cincinnati, OH 45263-0803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,614.16
3.93	Nonpriority creditor's name and mailing address City of Concord - Collections PO Box 540469 Charlotte, NC 28258-0469 Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,105.19
3.94	Nonpriority creditor's name and mailing address Civil & Enviromental Consultants, Inc. PO Box 644246 Pittsburgh, PA 15264-4246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,404.29
3.95	Nonpriority creditor's name and mailing address Cleatech LLC 221 W. Dyer Road Santa Ana, CA 92707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,139.25
3.96	Nonpriority creditor's name and mailing address CNP Technologies, LLC 806 Tyvola Road Suite 102 Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,173.90
3.97	Nonpriority creditor's name and mailing address CogencyGlobal, Inc. 10 E 40th Street, 10th Floor New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.98	Nonpriority creditor's name and mailing address Colby Meadows 608 Walter Street Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.99	Nonpriority creditor's name and mailing address Cole-Parmer Instrument Company LLC 13927 Collections Center Drive Chicago, IL 60693-0139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,956.27
3.100	Nonpriority creditor's name and mailing address Corey Bump 7113 Agava Lane Charlotte, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	Nonpriority creditor's name and mailing address Cort Furniture Rental PO Box 17401 Baltimore, MD 21297-1401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,895.31
3.102	Nonpriority creditor's name and mailing address Crystal McGlothlin 140 Helenas Way Salisbury, NC 28146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.31
3.103	Nonpriority creditor's name and mailing address Cummins Atlantic LLC PO Box 741295 Atlanta, GA 30384-1295 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,270.87
3.104	Nonpriority creditor's name and mailing address Custom Safety Solutions (BS&B Safety Sysems, LLC) 7664 West 78th Street Minneapolis, MN 55439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,400.00
3.105	Nonpriority creditor's name and mailing address D A Moore Corporation PO Box 1150 Concord, NC 28026-1150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,369.00

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3.106	Nonpriority creditor's name and mailing address Dagern Dereselign 5060 Avent Drive, Apt. 302 Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,443.75
3.107	Nonpriority creditor's name and mailing address Dale Paul 6401 Loyola Court Charlotte, NC 28227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address Dalton Brandon 680 Harbor Edge Circle, Apt. 201 Memphis, TN 38103-5728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.109	Nonpriority creditor's name and mailing address Daniel Eudy 627 Loch Lomond Circle Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110	Nonpriority creditor's name and mailing address Darryn Merchant 209 Jonathan Court Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111	Nonpriority creditor's name and mailing address David Coward 121 Oakwood Avenue Salisbury, NC 28141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	Nonpriority creditor's name and mailing address David Ellington 8305 Bradford Road NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$999.52

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3.113	Nonpriority creditor's name and mailing address David Helms 233 Reids Pecan Drive Rockwell, NC 28138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.114	Nonpriority creditor's name and mailing address David Linton PO Box 42242 Charlotte, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address David Newton 1070 Bee Line Lane Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.116	Nonpriority creditor's name and mailing address Deborah Sabol 7506 Petrea Lane Charlotte, NC 28227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.59
3.117	Nonpriority creditor's name and mailing address DecisionPathHR 8720 Red Oak Boulevard, Suite 300 Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.21
3.118	Nonpriority creditor's name and mailing address Dennis Hartsell 1055 Patterson Road Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.119	Nonpriority creditor's name and mailing address Devin Lowder 506 North Haywood Street Oakboro, NC 28129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.120	Nonpriority creditor's name and mailing address DGI Supply, A Do All Company 4830 Solution Center Chicago, IL 60677-4008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.96
3.121	Nonpriority creditor's name and mailing address Diamond Springs Water Inc. PO Box 667887 Charlotte, NC 28266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,434.26
3.122	Nonpriority creditor's name and mailing address Dienes Corporation 27 West Main Street Spencer, MA 01562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.03
3.123	Nonpriority creditor's name and mailing address Donald Harter 13914 Dunslow Court Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,064.14
3.124	Nonpriority creditor's name and mailing address Dover Flexo Electronic, Inc. 217 Pickering Road Rochester, NH 03867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$703.00
3.125	Nonpriority creditor's name and mailing address Duke Energy PO Box 1090 Charlotte, NC 28201-1090 Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202,972.26
3.126	Nonpriority creditor's name and mailing address Dwayne Curtis 4704 Myers Road Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.94

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3.127	Nonpriority creditor's name and mailing address Earl McMillon 209 Brook Valley Drive Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$873.94
3.128	Nonpriority creditor's name and mailing address Earle Aube 517 N Graham Street, #2F Charlotte, NC 28202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.129	Nonpriority creditor's name and mailing address Eclipse Automation Southeast, LLC 2920 Whitehall Park Drive Charlotte, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,504.00
3.130	Nonpriority creditor's name and mailing address Edison Welding Institute 1250 Arthur E. Adams Drive Columbus, OH 43221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,818.51
3.131	Nonpriority creditor's name and mailing address Edward McCray 4317 Morington Lane Charlotte, NC 28227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$464.81
3.132	Nonpriority creditor's name and mailing address EIS Inc. File 98059 PO Box 98059 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,102.38
3.133	Nonpriority creditor's name and mailing address Elizabeth Norris c/o Alevo Group SA Place Centrale 16 Verbier 1936 Switzerland Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Norris (acct 1009).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,225.29

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3.134	Nonpriority creditor's name and mailing address Emergency Medical Products, Inc. 25196 Network Place Chicago, IL 60673-1251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,285.78
3.135	Nonpriority creditor's name and mailing address Endress + Hauser Inc. 2350 Endress Place Greenwood, IN 46143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,856.03
3.136	Nonpriority creditor's name and mailing address Engineering Search Firm 8611 Weston Road, Unit 17 Woodbridge ON L4L 9P1 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,400.00
3.137	Nonpriority creditor's name and mailing address Eric Soots Painting & Trim 11670 Pioneer Mill Road Midland, NC 28107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,079.70
3.138	Nonpriority creditor's name and mailing address Erik Seals and Plastics, Inc. 46704 Fremont Boulevard Fremont, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,557.23
3.139	Nonpriority creditor's name and mailing address Eurotainer SA 5810 Wilson Road, Suite 200 Humble, TX 77396 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,048.00
3.140	Nonpriority creditor's name and mailing address Ever Bank Commercial Finance, Inc. PO Box 911608 Denver, CO 80291-1608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,473.43

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3.141	Nonpriority creditor's name and mailing address Fairborn Equipment Co Inc. PO Box 123 Upper Sandusky, OH 43351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,301.00
3.142	Nonpriority creditor's name and mailing address Fastbolt Corp 200 Louis Street South Hackensack, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,033.58
3.143	Nonpriority creditor's name and mailing address Fastenal Company PO Box 1286 Winona, MN 55987-1286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,941.66
3.144	Nonpriority creditor's name and mailing address Federal Express PO Box 371461 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,747.20
3.145	Nonpriority creditor's name and mailing address Fisher Scientific Company, LLC PO Box 404705 Atlanta, GA 30384-4705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.35
3.146	Nonpriority creditor's name and mailing address Flir Commercial Systems, Inc. 9 Townsend West Nashua, NH 03063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,869.50
3.147	Nonpriority creditor's name and mailing address Fluid Flow Products, Inc. PO Box 751278 Charlotte, NC 28275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,507.92

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3.148	Nonpriority creditor's name and mailing address Fusite B.V. Konigweg 167600 Almelo Netherlands Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,093.26
3.149	Nonpriority creditor's name and mailing address G4S Secure Solutions (USA), Inc. PO Box 277469 Atlanta, GA 30384-7469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,326.72
3.150	Nonpriority creditor's name and mailing address Gary Greer 278 Trillium Street NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.29
3.151	Nonpriority creditor's name and mailing address GDF Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,237.40
3.152	Nonpriority creditor's name and mailing address Gesellschaft Fur Dichtungstechnik mbH Hofwiesen-Strasse 7 Brackenheim Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,385.89
3.153	Nonpriority creditor's name and mailing address Glasslined Technologies, Inc. 1371 Willow Run Road, Suite 104 Greensboro, GA 30642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,819.39
3.154	Nonpriority creditor's name and mailing address Glenn Henry 965 Ed Weaver Road Salisbury, NC 28146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.155	Nonpriority creditor's name and mailing address GP Rumierz, LLC 4024 Woodward Drive Tega Cay, SC 29708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
3.156	Nonpriority creditor's name and mailing address Grainger 74336 Brackenheim Palatine, IL 60038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,358.38
3.157	Nonpriority creditor's name and mailing address Grant Thornton LLP 1901 S. Meyers Road, Suite 455 Oakbrook Terrace, IL 60181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,845.00
3.158	Nonpriority creditor's name and mailing address Graybar Electric Company, Inc. 2500 Wilkinson Boulevard Charlotte, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,315.57
3.159	Nonpriority creditor's name and mailing address Gregory Dorko 12914 Sun Rise Lane Oakboro, NC 28129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160	Nonpriority creditor's name and mailing address Gregory Grammer 121 Crestview Drive Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.161	Nonpriority creditor's name and mailing address Grenzebach Corporation 10 Herring Road Newnan, GA 30265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,911.77

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3.162	Nonpriority creditor's name and mailing address Harrington Industrial Plastics, LLC PO Box 638250 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.53
3.163	Nonpriority creditor's name and mailing address Harris Landscaping & Irrigation, Inc. 4833 Flowes Store Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,427.10
3.164	Nonpriority creditor's name and mailing address Haz-Mat Enviromental Services, LLC PO Box 37392 Charlotte, NC 28237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,381.79
3.165	Nonpriority creditor's name and mailing address Health Works PO Box 601428 Charlotte, NC 28260-1428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,225.00
3.166	Nonpriority creditor's name and mailing address Heat Treating Services Unlimited, Inc. PO Box 1889 Simpsonville, SC 29681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,914.00
3.167	Nonpriority creditor's name and mailing address Heath Hindman 883 Pine Ridge Place SE Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$296.80
3.168	Nonpriority creditor's name and mailing address Hellma Usa Inc. 80 Skyline Drive Plainview, NY 11803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.67

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3.169	Nonpriority creditor's name and mailing address Hendrix Business Systems, Inc. 2040-A Independence Commerce Drive Matthews, NC 28105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,274.79
3.170	Nonpriority creditor's name and mailing address Hugh Bunker 5319 Hackberry Lane SW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.171	Nonpriority creditor's name and mailing address HYG Financial Services Inc. PO Box 14545 Des Moines, IA 50306-3545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,472.43
3.172	Nonpriority creditor's name and mailing address iConnect Technologies 7136 Weddington Road, Suite 104 Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,663.00
3.173	Nonpriority creditor's name and mailing address IFM Efactor Inc. PO Box 8538-307 Philadelphia, PA 19171-0307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,641.99
3.174	Nonpriority creditor's name and mailing address Imerys Graphite & Carbon USA, Inc. C/O T60092U PO Box 66512 Chicago, IL 60666-0512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277,920.00
3.175	Nonpriority creditor's name and mailing address Innovative Machine Corporation PO Box 9904 Birmingham, AL 35220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348,342.14

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3.176	Nonpriority creditor's name and mailing address Integro Technologies Corp. 301 South Main Street Salisbury, NC 28144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,103.02
3.177	Nonpriority creditor's name and mailing address Interglas Technologies PF 110389151 Erbach Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,123.37
3.178	Nonpriority creditor's name and mailing address Jacob Lukach 12179 Swift Road Oakboro, NC 28129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$567.94
3.179	Nonpriority creditor's name and mailing address Jaguar Financial Group c/o Chase PO Box 78074 Phoenix, AZ 85062-8074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,862.08
3.180	Nonpriority creditor's name and mailing address James Bravado 13101 Angel Oak Drive Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181	Nonpriority creditor's name and mailing address James Houpe 221 S. East Avenue Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.182	Nonpriority creditor's name and mailing address James Martin 3241 Mount Pleasant Road Sherrills Ford, NC 28673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.183	Nonpriority creditor's name and mailing address James Merrifield 1115 Lily Green Court NW Concord, NC 28027-2300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address James Miller 15940 Glenmore Road Gold Hill, NC 28071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	Nonpriority creditor's name and mailing address James Morris 150 Middle Brook Drive Rockwell, NC 28138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.186	Nonpriority creditor's name and mailing address James Orbison 620 N. Walnut Street Kannapolis, NC 28081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.187	Nonpriority creditor's name and mailing address James Pierce 1142 Brason Lane Wake Forest, NC 27587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$704.59
3.188	Nonpriority creditor's name and mailing address James Popwell 109 N. Rose Avenue Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	Nonpriority creditor's name and mailing address Jamie Council 2404 Brathay Court Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.190	Nonpriority creditor's name and mailing address Janique Ebanks 4318 Kellybrook Drive Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.191	Nonpriority creditor's name and mailing address Jason Childers 2448 Saguaro Lane Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.192	Nonpriority creditor's name and mailing address Jason Norman 5165 Binford Street, Apt 105 Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Norman (acct 1000).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,550.16
3.193	Nonpriority creditor's name and mailing address Jay G Johnson P.O. Box #313 Deerfield Beach, FL 33443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Johnson (acct 1006).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$791.84
3.194	Nonpriority creditor's name and mailing address Jeffrey White 2431 Mount Pleasant Road W Mount Pleasant, NC 28124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.195	Nonpriority creditor's name and mailing address Jennifer Place 3894 Willow Grove Lane Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,256.29
3.196	Nonpriority creditor's name and mailing address Jennifer Place 3894 Willow Grove Lane Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Place (acct 1006).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,061.26

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3.197	Nonpriority creditor's name and mailing address Jeremy Jalowitz 1725 Thompson Drive Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.198	Nonpriority creditor's name and mailing address Jesse Matthews 216 N. Yadkin Avenue Spencer, NC 28159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.199	Nonpriority creditor's name and mailing address Jesse Matthews 216 N. Yadkin Avenue Spencer, NC 28159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Matthews (acct 1003).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,868.58	
3.200	Nonpriority creditor's name and mailing address Joe Gonzalez 12792 Clydesdale Drive Midland, NC 28107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.201	Nonpriority creditor's name and mailing address John High 4413 Polk Ford Road Stanfield, NC 28163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.202	Nonpriority creditor's name and mailing address John Kless 8726 Taunton Drive Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Kless (acct 1001).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.13	
3.203	Nonpriority creditor's name and mailing address John Patrick 154 Vale Road Mocksville, NC 27028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$748.84	

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3.204	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	John Scherlen 1630 Bellevue Road Salisbury, NC 28144	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.205	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	John Sybert 4760 Myers Lane Harrisburg, NC 28075	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.206	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,136.81
	Johnson Controls Inc. 9844 Southern Pines Boulevard, Suite 8 Charlotte, NC 28273	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.207	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$577,255.53
	Jonas & Redmann Kaiserin-Augusta-Allee 113 Berlin Germany	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.208	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Joseph Depasquale 35082 Cowder Road New London, NC 28127	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	Joseph Johnson 195 Marshdale Avenue SW Concord, NC 28025	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$377.09
	Joseph Myers 303 Crescent Street Rockwell, NC 28138	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.211	Nonpriority creditor's name and mailing address Joseph Smith 2792 Odell School Road Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.212	Nonpriority creditor's name and mailing address Joshua Lee 311 Bost Street Kannapolis, NC 28081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$501.22
3.213	Nonpriority creditor's name and mailing address Joy Utley 522 Cabarrus Avenue W Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.214	Nonpriority creditor's name and mailing address Judy Jones PO Box 599 Woodleaf, NC 27054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.215	Nonpriority creditor's name and mailing address Justin Stone 7609 Prairie Rose Lane Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.73
3.216	Nonpriority creditor's name and mailing address Kaon Alston 6236 Countryside Drive Apt. 1 Charlotte, NC 28213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$490.58
3.217	Nonpriority creditor's name and mailing address Keith Flack 145 Overbrook Drive NE Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.218	Nonpriority creditor's name and mailing address Kelly Scallon 781 Cloister Court NW, Apt. 20 Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Scallon (acct 1005).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.69
3.219	Nonpriority creditor's name and mailing address Kenneth Beeker 370 Mountain Road Cleveland, NC 27013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.86
3.220	Nonpriority creditor's name and mailing address Kenneth Hill 5940 Princeton Avenue Kannapolis, NC 28081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.221	Nonpriority creditor's name and mailing address Kenneth Wherry 5303 Hackberry Lane SW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,906.75
3.222	Nonpriority creditor's name and mailing address Ketchie, Inc. 201 Winecoff School Road Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,597.64
3.223	Nonpriority creditor's name and mailing address Kevin Mitchell 6501 Ashdale Place Charlotte, NC 28215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224	Nonpriority creditor's name and mailing address Keyence Corporation of America Dept CH 17128 Palatine, IL 60055-7128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$907.50

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3.225	Nonpriority creditor's name and mailing address Kimberly A Hadlock 1973 Sailfish Place Pompano Beach, FL 33062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,960.70 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Hadlock (acct 2004).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226	Nonpriority creditor's name and mailing address Kimberly A Hadlock (aka Kelly M Hadlock) 1973 Sailfish Place Pompano Beach, FL 33062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,004.88 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Hadlock (acct 1008).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.227	Nonpriority creditor's name and mailing address Kristi Boyd 5991 Vinewood Road Davidson, NC 28036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.228	Nonpriority creditor's name and mailing address Kristina Kairat 211 Old Rockwell Road, Apt. 34 China Grove, NC 28023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.229	Nonpriority creditor's name and mailing address Kumatec Sondermaschinebau & Kunststoffverarbeitung GmbH IndustriestraBe 1496524 Neuhaus-Shierschnitz Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,850.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.230	Nonpriority creditor's name and mailing address Kurt Sowers 10491 Troutman Road Midland, NC 28107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.231	Nonpriority creditor's name and mailing address Larry Hensley 6886 Locke Drive Sherrills Ford, NC 28673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,286.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.232	Nonpriority creditor's name and mailing address Lee Hartsell 7999 West Bay Drive Denver, NC 28037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Hartsell (acct 1008).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,851.01
3.233	Nonpriority creditor's name and mailing address Lee Spring Company LLC 140 58th Street, Suite 3C Brooklyn, NY 11220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.00
3.234	Nonpriority creditor's name and mailing address Legacy Concord Land, LLC 5020 Avent Drive NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,229.70
3.235	Nonpriority creditor's name and mailing address Let It Shine Cleaning Sv. 3906 Caldwell Ridge Parkway Charlotte, NC 28213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,960.00
3.236	Nonpriority creditor's name and mailing address Leukert GmbH Reiftrager Weg 39 Kaufbeuren, 87600 Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394,756.27
3.237	Nonpriority creditor's name and mailing address Liftone LLC PO Box 602727 Charlotte, NC 28260-2727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,153.43
3.238	Nonpriority creditor's name and mailing address Lincoln County Fabricators, Inc. 513 Jason Road Lincolnton, NC 28092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,212.93

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3.239	Nonpriority creditor's name and mailing address Lisa Howard 8619 Rock Hole Road Stanfield, NC 28163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240	Nonpriority creditor's name and mailing address Londa Carroll 4144 Whitney Place Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unearned PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.47
3.241	Nonpriority creditor's name and mailing address Loretta Foreman 2330 Miller Road Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.70
3.242	Nonpriority creditor's name and mailing address M+W U.S., Inc. 1001 Klein Road, Suite 400 Plano, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00
3.243	Nonpriority creditor's name and mailing address M.C. Schroeder Equipment Company Inc. PO Box 1089 Denver, NC 28037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,555.49
3.244	Nonpriority creditor's name and mailing address Mackenzie Teague 4976 Astonshire Lane Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.245	Nonpriority creditor's name and mailing address Marchelle Ratliff 1820 Harris Houston Road, Unit 621772 Charlotte, NC 28262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.246	Nonpriority creditor's name and mailing address Margie Salamanchuk 613 Walter Street Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$631.75
3.247	Nonpriority creditor's name and mailing address Marie Russell 10803 Faringford Court Charlotte, NC 28262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.248	Nonpriority creditor's name and mailing address Mark Brown 4020 Winter Jasmine Place Kannapolis, NC 28081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.249	Nonpriority creditor's name and mailing address Marposs Corporation 3300 Cross Creek Parkway Auburn Hills, MI 48326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,149.91
3.250	Nonpriority creditor's name and mailing address Martin Salazar 326 Mount Side Way Fort Mill, SC 29715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.251	Nonpriority creditor's name and mailing address Matthew English 189 Atondale Drive Statesville, NC 28625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.252	Nonpriority creditor's name and mailing address Matthew Shettel 2910 Oakdale Drive Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.253	Nonpriority creditor's name and mailing address McMaster-Carr Supply Company PO Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,390.20
3.254	Nonpriority creditor's name and mailing address McNaughton-McKay Electric Southeast Inc. PO Box 890976 Charlotte, NC 28289 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,080.66
3.255	Nonpriority creditor's name and mailing address Mec-Tric Control Company Inc. 4110 Monroe Road Charlotte, NC 28205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$643.95
3.256	Nonpriority creditor's name and mailing address Meier Prozesstechnik GmbH Vennweg 846395 Bochalt Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,540.80
3.257	Nonpriority creditor's name and mailing address Melissa Stone 316 Armour Street Davidson, NC 28036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,975.00
3.258	Nonpriority creditor's name and mailing address Metrohm USA, Inc. 6555 Pelican Creek Circle Riverview, FL 33578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.30
3.259	Nonpriority creditor's name and mailing address Michael Affronte 4485 Fawnbrook Avenue Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503.46

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3.260	Nonpriority creditor's name and mailing address Michael Buchanan 9237 Glenashley Drive Cornelius, NC 28031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261	Nonpriority creditor's name and mailing address Michael Lang 516 Union Street S Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262	Nonpriority creditor's name and mailing address Michelle Nuckols 3027 Talladega Lane Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263	Nonpriority creditor's name and mailing address Michelle Nuckols 3027 Talladega Lane Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Ms. Nuckols (acct 1008).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$512.93
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3.264	Nonpriority creditor's name and mailing address Microsoft Corporation 1950 N Stemmons Freeway Suite 5010 LB #842467 Dallas, TX 75207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,293.46
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3.265	Nonpriority creditor's name and mailing address Mine Safety Appliances Company LLC PO Box 640348 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,622.33
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3.266	Nonpriority creditor's name and mailing address Mistras Services Division PO Box 405694 Atlanta, GA 30384-5694 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.48
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3.267	Nonpriority creditor's name and mailing address Msc Industrial Supply PO Box 953635 Saint Louis, MO 63195-3635 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$870.34
3.268	Nonpriority creditor's name and mailing address MSS Fire & Safety, LLC PO Box 538178 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,322.03
3.269	Nonpriority creditor's name and mailing address My Townhome LLC 1500 South Boulevard, Suite 101 B Charlotte, NC 28203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,570.00
3.270	Nonpriority creditor's name and mailing address Nathan Stark 1459 Ontario Drive Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.30
3.271	Nonpriority creditor's name and mailing address Nathaniel Grant 2056 Samantha Drive Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.42
3.272	Nonpriority creditor's name and mailing address National Vision, Inc. PO Box 957505 Duluth, GA 30095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,152.00
3.273	Nonpriority creditor's name and mailing address NCDENR Div of Wast Management 1646 Mail Service Center Raleigh, NC 27699 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00

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3.274	Nonpriority creditor's name and mailing address NCDMV PO Box 29620 Raleigh, NC 27626-0620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$685.59
3.275	Nonpriority creditor's name and mailing address NEDEC America Corporation 2251 Nicholas Boulevard Elk Grove Village, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,857.60
3.276	Nonpriority creditor's name and mailing address Neha Bavishi 1440 Harding Place, Apt. 639 Charlotte, NC 28204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,072.46
3.277	Nonpriority creditor's name and mailing address New Electric Charlotte, LLC 1715 Orr Industrial Court Charlotte, NC 28213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,562.50
3.278	Nonpriority creditor's name and mailing address Nicholas Frysinger 7360 Gilead Road Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.279	Nonpriority creditor's name and mailing address Nicholas Perdue 1963 Cornatzer Road Mocksville, NC 27028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.280	Nonpriority creditor's name and mailing address Nolan Kuhn 3309 Caralea Valley Drive Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.281	Nonpriority creditor's name and mailing address Nordson EFD LLC PO Box 777959 Chicago, IL 60677-7009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,877.40
3.282	Nonpriority creditor's name and mailing address Norris Elam 315 Kindley Street Lexington, NC 27292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.94
3.283	Nonpriority creditor's name and mailing address Nuvation Research Corporation 151 Gibraltar Court Sunnyvale, CA 94089-1301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,050.00
3.284	Nonpriority creditor's name and mailing address Oleg Petrov Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Petrov (acct 1001).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,823.77
3.285	Nonpriority creditor's name and mailing address Optima Engineering 1927 S Tryon Street, Suite 300 Charlotte, NC 28203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,100.00
3.286	Nonpriority creditor's name and mailing address Oupangna Soratana 2534 Mountain Laurel Avenue NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address P.C. Godfrey, Inc. 1816 Rozzelles Ferry Rd Charlotte, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253,911.50

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3.288 Nonpriority creditor's name and mailing address Parker Hannifin Corporation 7851 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,163.15
3.289 Nonpriority creditor's name and mailing address Patricia Bass 1406 Forest Park Drive Statesville, NC 28677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.290 Nonpriority creditor's name and mailing address Perigon International 13816 E Independence Blvd Indian Trail, NC 28079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,959.17
3.291 Nonpriority creditor's name and mailing address Petter Bjornstad 701 E. Camino Real, Apt. 5B Boca Raton, FL 33432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Bjornstad (acct 1008).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$552.23
3.292 Nonpriority creditor's name and mailing address Phyllis Phifer 102 Elmhurst Lane Mooresville, NC 28115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.293 Nonpriority creditor's name and mailing address Piedmont Natural Gas Co, Inc. PO Box 660920 Dallas, TX 75266-0920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.82
3.294 Nonpriority creditor's name and mailing address Pierre Edmonson 3978 Long Leaf Court Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,726.16

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3.295	Nonpriority creditor's name and mailing address Poonam Prajapati 171 Everbrook Drive SW Calgary AB T2Y0E8 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,066.16
3.296	Nonpriority creditor's name and mailing address Process Technical Sales, Inc. PO Box 25069 Greenville, SC 29616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,574.74
3.297	Nonpriority creditor's name and mailing address Production Engineering 1344 Woodman Drive Dayton, OH 45432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,471.87
3.298	Nonpriority creditor's name and mailing address Project Integration, Inc. PO Box 170065 Spartanburg, SC 29301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,857.25
3.299	Nonpriority creditor's name and mailing address PSNC Energy PO Box 100256 Columbia, SC 29209-3256 Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,633.29
3.300	Nonpriority creditor's name and mailing address Pureflow, Inc. 1241 Jay Lane Graham, NC 27253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,617.66
3.301	Nonpriority creditor's name and mailing address R.L. Kunz, Inc. PO Box 5875 Greenville, SC 29606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,286.94

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3.302	Nonpriority creditor's name and mailing address Radio Communications Company PO Box 68 Cary, NC 27512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,639.24
3.303	Nonpriority creditor's name and mailing address Randall Davis 3066 Clover Road NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.304	Nonpriority creditor's name and mailing address Randy File 1090 Dutchmans Point Salisbury, NC 28146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.63
3.305	Nonpriority creditor's name and mailing address Rapid-Rooter Plumbing Service, Inc. PO Box 562002 Charlotte, NC 28256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,139.50
3.306	Nonpriority creditor's name and mailing address Reaction Search International Inc. 5000 Executive Parkway, Suite 450 San Ramon, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.307	Nonpriority creditor's name and mailing address Recore Electrical Contractors, Inc. PO Box 1972 Gastonia, NC 28053-1972 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$422,951.30
3.308	Nonpriority creditor's name and mailing address Red Dynamics, Inc. 2173 Hawkins Street, Unit E Charlotte, NC 28203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,000.00

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3.309	Nonpriority creditor's name and mailing address Rhinehart Fire Services 22 Piney Park Road, Unit G Asheville, NC 28806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,610.53
3.310	Nonpriority creditor's name and mailing address Ricardo Gutierrez Ochoa 1234 Cambridge Street Gastonia, NC 28054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Possible liability to American Express on corporate card held by Mr. Gutierrez-Ochoa (acct 1004). Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,099.58
3.311	Nonpriority creditor's name and mailing address Richard Edwards 5018 Pondview Court Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$946.16
3.312	Nonpriority creditor's name and mailing address Richard Reavis 297 Pleasant Hill Drive SE Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.96
3.313	Nonpriority creditor's name and mailing address Richard Withey 127 Lauren Drive Indian Trail, NC 28079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.314	Nonpriority creditor's name and mailing address Rick Turner 114 W. Glenview Avenue Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.36
3.315	Nonpriority creditor's name and mailing address Ricky Suttan 112 Cumberland Court SW Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.316	Nonpriority creditor's name and mailing address Robert Hammel 142 Spencer Avenue Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.317	Nonpriority creditor's name and mailing address Robert Jones 2075 Delfin Court Rock Hill, SC 29730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Jones (acct 1009).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.63
3.318	Nonpriority creditor's name and mailing address Robert Maple 7217 Cedarfield Road Charlotte, NC 28227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.319	Nonpriority creditor's name and mailing address Robert Nipper 238 Spring Street SW Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.320	Nonpriority creditor's name and mailing address Roger Alston 1546 Piney Church Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.22
3.321	Nonpriority creditor's name and mailing address Ronnie Given 21468 Farmers Lane Locust, NC 28097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.322	Nonpriority creditor's name and mailing address Roshan Bhula 6346 Old Pineville Road Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.00

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3.323	Nonpriority creditor's name and mailing address Ryeco, Inc. 810 Pickens Industrial Drive Marietta, GA 30062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,824.90
3.324	Nonpriority creditor's name and mailing address S & D Coffee Inc. PO Box 1628 Concord, NC 28026-1628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,220.04
3.325	Nonpriority creditor's name and mailing address Saint-Gobain Performance Plastics Corp PO Box 743699 Atlanta, GA 30374-3699 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247,950.00
3.326	Nonpriority creditor's name and mailing address Sarah Burgess 216 Hahn Place SE Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.327	Nonpriority creditor's name and mailing address Sarah Jacobs 32033 Highway 24/27 Albemarle, NC 28001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$611.76
3.328	Nonpriority creditor's name and mailing address Schindler Elevator Corporation PO Box 93050 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,091.02
3.329	Nonpriority creditor's name and mailing address Schlenk Barnsdorfer HauptsraBe 5 91154 Roth Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,802.03

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Name		
3.330	Nonpriority creditor's name and mailing address Scott Schotter 16153 Bristol Point Drive Delray Beach, FL 33446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,082.23 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Possible liability to American Express on corporate card held by Mr. Schotter (acct 1006). Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.331	Nonpriority creditor's name and mailing address Sempa Systems GmbH GrenzstraBe 131109 Dresden Germany Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$56,071.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.332	Nonpriority creditor's name and mailing address Sergey Buchin Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$16,798.54 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Possible liability to American Express on corporate card held by Mr. Buchin (acct 1004). Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.333	Nonpriority creditor's name and mailing address SFA Fire Protection, Inc. 4809 S Main Street Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$15,812.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.334	Nonpriority creditor's name and mailing address Sherpa LLC 1001 Morehead Square Drive, Suite 600 Charlotte, NC 28203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$37,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.335	Nonpriority creditor's name and mailing address SHI International Corporation 1301 S. MO-Pac Expressway Austin, TX 78704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$22,106.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.336	Nonpriority creditor's name and mailing address Shikira Jones 1116 Samuel Adams Circle SW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$33.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.337	Nonpriority creditor's name and mailing address Shikira Jones 1116 Samuel Adams Circle SW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.13
3.338	Nonpriority creditor's name and mailing address Siemens Industry, Inc. 2201 Crownppoint Executive Drive Bldg 2, Ste K Charlotte, NC 28227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152,907.72
3.339	Nonpriority creditor's name and mailing address Solith c/o Sovema Group S.p.A. Via Spagna 13, 37069 Villafranca di Verona VR Italy Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284,342.36
3.340	Nonpriority creditor's name and mailing address Soltex, Inc. 3707 FM 1960 West, Suite 560 Houston, TX 77068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,022.00
3.341	Nonpriority creditor's name and mailing address Southeastern Freight Lines, Inc. PO Box 100104 Columbia, SC 29202-3104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.42
3.342	Nonpriority creditor's name and mailing address Sovema S.P.A. Via Spagna 13, 37069 Villafranca di Verona VR Italy Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,785.67
3.343	Nonpriority creditor's name and mailing address Spiroflow Systems, Inc. 1609 Airport Road Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,626.16

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3.344	Nonpriority creditor's name and mailing address Stacey Faggart 127 Cedar Drive NW Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345	Nonpriority creditor's name and mailing address Staff Masters PO Box 19306 Charlotte, NC 28219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121,939.83
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3.346	Nonpriority creditor's name and mailing address Stanley Honeycutt 6156 Gold Hill Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347	Nonpriority creditor's name and mailing address Stanley Honeycutt 6156 Gold Hill Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348	Nonpriority creditor's name and mailing address Staples Dept. ATL PO Box 405386 Atlanta, GA 30384-5386 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,404.82
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3.349	Nonpriority creditor's name and mailing address State Electric Supply Co. PO Box 890889 Charlotte, NC 28289-0889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,369.07
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3.350	Nonpriority creditor's name and mailing address Stein Christiansen 6294 NW 65th Terrace Pompano Beach, FL 33067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Christiansen (acct 1000).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,337.53
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3.351	Nonpriority creditor's name and mailing address Stephen Hall 2308 Coneflower Drive Charlotte, NC 28213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.60
3.352	Nonpriority creditor's name and mailing address Stephen Hall 2308 Coneflower Drive Charlotte, NC 28213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.353	Nonpriority creditor's name and mailing address Stephen Winger 1611 Rustic Arch Way Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.354	Nonpriority creditor's name and mailing address Stockcap 123 Manufacturers Drive Arnold, MO 63010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.78
3.355	Nonpriority creditor's name and mailing address Stuart Pope 7596 Flowes Store Road Concord, NC 28025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.356	Nonpriority creditor's name and mailing address Sunbelt Rentals, Inc. PO Box 409211 Atlanta, GA 30384-9211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,693.21
3.357	Nonpriority creditor's name and mailing address Superb Industries, Inc. 100 Innovation Plaza Sugarcreek, OH 44681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132,771.62

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3.358	Nonpriority creditor's name and mailing address Superior Service & Supply PO Box 5753 Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,918.97
3.359	Nonpriority creditor's name and mailing address Swagelok North Carolina East Tennessee 221 Beltway Boulevard Matthews, NC 28104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,416.90
3.360	Nonpriority creditor's name and mailing address Taiwan Funderburk 662 Mills Road Pageland, SC 29728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.41
3.361	Nonpriority creditor's name and mailing address Tencarva Machinery Company LLC PO Box 409897 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,980.00
3.362	Nonpriority creditor's name and mailing address Tera Stroud PO Box 225 Landis, NC 28088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.363	Nonpriority creditor's name and mailing address Termaine Thompson 7321 Crossridge Road Charlotte, NC 28214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.364	Nonpriority creditor's name and mailing address Terminix Service, Inc. 3612 Fernandia Road Columbia, SC 29210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00

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3.365	Nonpriority creditor's name and mailing address The Massey Company, Inc. 9006-A Permitter Woods Drive Charlotte, NC 28216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,881.66
3.366	Nonpriority creditor's name and mailing address Thermotech LLC 1302 S 5th Street Hopkins, MN 55343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,115.84
3.367	Nonpriority creditor's name and mailing address Thomas Barnard 9706 Dark Crystal Court Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.368	Nonpriority creditor's name and mailing address Thomas O'Leary 2380 NW 48th Lane Boca Raton, FL 33431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible Possible liability to American Express on corporate card held by Mr. O'Leary (acct 1008).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,488.16
3.369	Nonpriority creditor's name and mailing address Thompson Construction Group, Inc. 100 N Main Street Sumter, SC 29150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,764.40
3.370	Nonpriority creditor's name and mailing address Tim Lowman 3050 Agner Road Salisbury, NC 28146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.371	Nonpriority creditor's name and mailing address Time Warner PO Box 70872 Charlotte, NC 28272-0872 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,142.85

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3.372	Nonpriority creditor's name and mailing address Timothy Vines 136 Northbend Drive, Apt. F Charlotte, NC 28262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373	Nonpriority creditor's name and mailing address Todd Kistler 11131 Harbert Road Huntersville, NC 28078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Kistler (acct 1003).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.74
3.374	Nonpriority creditor's name and mailing address Tongrun International, LLC 2501 Pecan Street Bonham, TX 75418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,753.85
3.375	Nonpriority creditor's name and mailing address Tony Almond 303 Monclair Drive Locust, NC 28097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.08
3.376	Nonpriority creditor's name and mailing address Tonya Kettler 515 Robert Hargrave Lexington, NC 27292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.377	Nonpriority creditor's name and mailing address Travis Pickett 14201 Maple Hollow Lane Charlotte, NC 28227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481.15
3.378	Nonpriority creditor's name and mailing address Turner Moore 1801 Copperplate Road Charlotte, NC 28262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.96

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3.379	Nonpriority creditor's name and mailing address Tyler Byrnes 1303 Samuel Adams Circle, #1303 Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380	Nonpriority creditor's name and mailing address Uline, Inc. PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,104.20
3.381	Nonpriority creditor's name and mailing address United States Treasury 1901 Cross Beam Drive Charlotte, NC 28217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$716.42
3.382	Nonpriority creditor's name and mailing address United Way of Central Carolina's, Inc. PO Box 890685 Charlotte, NC 28289-0685 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,317.88
3.383	Nonpriority creditor's name and mailing address Valencia Caldwell 3879 Sarah Drive NW Concord, NC 28027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.384	Nonpriority creditor's name and mailing address Vanessa Waller 1155 Hawkesbury Drive China Grove, NC 28023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$821.79
3.385	Nonpriority creditor's name and mailing address Verantis Corporation 7251 Engle Road, Suite 300 Middleburg Heights, OH 44130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,658.00

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	ALEVO MANUFACTURING, INC.	17-50877	
3.386	Nonpriority creditor's name and mailing address Verizon PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,539.34
3.387	Nonpriority creditor's name and mailing address Verner Young 7895 Georgia Avenue Kannapolis, NC 28081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.30
3.388	Nonpriority creditor's name and mailing address Vessel Wilson 934 Berryhill Road Charlotte, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Wilson (acct 1000).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.22
3.389	Nonpriority creditor's name and mailing address Vickie Brinkley 2714 Hopeton Court Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.84
3.390	Nonpriority creditor's name and mailing address Vlad Baumgartner General Ermolov St. 2 Apt 7 121170 Moscow Russian Federation Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible liability to American Express on corporate card held by Mr. Baumgartner (acct 1009).</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.47
3.391	Nonpriority creditor's name and mailing address Wageh Gendy 3184 Rowan Brook Avenue Henderson, NV 89052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,671.54
3.392	Nonpriority creditor's name and mailing address Waggoner Manufacturing Co., Inc. 1065 Hall Road Mount Ulla, NC 28125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,241.08

Debtor **ALEVO MANUFACTURING, INC.**
NameCase number (if known) **17-50877**

3.393	Nonpriority creditor's name and mailing address Walter Norton 14825 Bethel Avenue Ext Midland, NC 28107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.394	Nonpriority creditor's name and mailing address Waste Pro of North Carolina, Inc. PO Box 865505 Orlando, FL 32886-5505 Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,938.25
3.395	Nonpriority creditor's name and mailing address Wayne Hartsell 7999 West Bay Drive Denver, NC 28037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.396	Nonpriority creditor's name and mailing address Wesley Petrea 2126 Bertha Street Kannapolis, NC 28083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,104.12
3.397	Nonpriority creditor's name and mailing address William Greene 610 Cedar Farm Road Salisbury, NC 28147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PTO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.398	Nonpriority creditor's name and mailing address Windstream PO Box 9001908 Louisville, KY 40290-1950 Date(s) debt was incurred ____ Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,817.18
3.399	Nonpriority creditor's name and mailing address World International Testing, Inc. 2228 Sunset Boulevard, Suite 1 Steubenville, OH 43952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,285.00

Debtor **ALEVO MANUFACTURING, INC.**
NameCase number (if known) **17-50877**

3.400 Nonpriority creditor's name and mailing address

Wurth Recvar Fasteners, Inc.
3845 Thirlane Road
Roanoke, VA 24019

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$338.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.401 Nonpriority creditor's name and mailing address

Wyatt Blume
10650 Stokes Ferry Road
Gold Hill, NC 28071

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$0.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Unpaid PTO**Is the claim subject to offset? ☒ No ☐ Yes

3.402 Nonpriority creditor's name and mailing address

Yes Energy Management
PO Box 82571
Goleta, CA 93118-2571

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$619.11**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Internal Revenue Service Office of Chief Counsel Alamance Building, Mail Stop 24 4905 Koger Boulevard Greensboro, NC 27407-2734	Line 2.83 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 741,911.32
5b. +	\$ 67,816,800.88
5c.	\$ 68,558,712.20

Fill in this information to identify the case:Debtor name **ALEVO MANUFACTURING, INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**Case number (if known) **17-50877**

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property***2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Advanced Lithium Electrochemistry Co.
2-1, Hsing Hua Road
Taoyuan City, 33068
Taiwan, Province of China**

2.2. State what the contract or lease is for and the nature of the debtor's interest **3 Bulk Gas Storage Tanks**

State the term remaining

List the contract number of any government contract

**Airgas USA, LLC
PO Box 532609
Atlanta, GA 30353-2609**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Long Term Nickel Foam Supply Agreement; entered January 15, 2015, as assigned to Atlantum Advanced Technologies Materials (Dalian) Co., LTD. on October 23, 2015; Memorandum of Understanding dated October 24, 2015 1/14/2020**

State the term remaining

List the contract number of any government contract

**Alantum Advanced Technology Materials
IIIB-6 Dalian Free Trade Zone
Dalian City, Liaoning Province
P.R. China 116600**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Term Loan Facility Agreement**

State the term remaining

12/31/2023

**Alevo Group S.A.
c/o Markus Adler
Chief General Counsel
Rue des Finettes 110
1920 Martigny | Switzerland**

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.5. State what the contract or lease is for and the nature of the debtor's interest **Alevolyte Contract Manufacturing Services Agreement**

State the term remaining **2/24/2018**

List the contract number of any government contract _____

**Alevo International SA
Rue des Finettes 110
1920 Martigny, Valais
Switzerland**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Gridbank Contract Manufacturing Services Agreement**

State the term remaining **2/24/2018**

List the contract number of any government contract _____

**Alevo International SA
Rue des Finettes 110
1920 Martigny, Valais
Switzerland**

2.7. State what the contract or lease is for and the nature of the debtor's interest **2015 Chevrolet Silverado VIN 16CNCPEH2F2159837 lease dated March 2, 2015, for 39 months.**

State the term remaining **10 months**

List the contract number of any government contract _____

**Ally Financial, Inc.
PO Box 9001948
Louisville, KY 40290**

2.8. State what the contract or lease is for and the nature of the debtor's interest **2015 Chevrolet Silverado VIN 16CNCPEH4FZ174405; dated March 2, 2015 for 38 months**

State the term remaining **10 months**

List the contract number of any government contract _____

**Ally Financial, Inc.
PO Box 9001948
Louisville, KY 40290**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Phase 1 Automation Consulting/PO**

State the term remaining

List the contract number of any government contract _____

**ATS Carolina Inc.
1510 Cedar Line Drive
Rock Hill, SC 29730**

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Purchase Order 5/26/17**

State the term remaining

List the contract number of any government contract _____

**ATS Carolina Inc.
1510 Cedar Line Drive
Rock Hill, SC 29730**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Purchase Order 5/26/17**

State the term remaining

List the contract number of any government contract _____

**ATS Carolina Inc.
1510 Cedar Line Drive
Rock Hill, SC 29730**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Pruchase Order 5/26/17**

State the term remaining

List the contract number of any government contract _____

**ATS Carolina Inc.
1510 Cedar Line Drive
Rock Hill, SC 29730**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Master Agreement/Revised Bid**

State the term remaining

List the contract number of any government contract _____

**Century Contractors, Inc.
5100 Smith Farm Road
Matthews, NC 28104**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Century Payment Agreement**

State the term remaining

List the contract number of any government contract _____

**Century Contractors, Inc.
5100 Smith Farm Road
Matthews, NC 28104**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Letter of Guaranty**

State the term remaining

List the contract number of any _____

**Century Contractors, Inc.
5100 Smith Farm Road
Matthews, NC 28104**

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.16. State what the contract or lease is for and the nature of the debtor's interest

**Boot and Apparel
Program Agreement
dated August 8, 2017.**

State the term remaining

List the contract number of any government contract

**Cintas Corp No. 2
PO Box 630803
Cincinnati, OH 45263-0803**

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.17. State what the contract or lease is for and the nature of the debtor's interest

Corp Apt Furniture:
Agreement # 671816
2/10/14 Monthly
\$294.00 17319 N Gemini
Springs Dr
Agreement # 696120
5/9/14 Monthly \$303.79
11213 S Gemini
Springs Dr
Agreement # 696123
5/9/14 Monthly \$283.92
11313 S Gemini
Springs Dr
Agreement # 703021
5/29/14 Monthly
\$303.79 11321 S Gemini
Springs Dr
Agreement # 708411
6/17/2016 Monthly
\$662.72 420 Queens Rd
Apt 1
Agreement # 708411
6/2/2016 Monthly
\$345.14 5060 Avent
Drive NW, #104
Agreement # 708411
6/2/2016 Monthly
\$345.14 5060 Avent
Drive NW, #106
Agreement # 708411
6/27/2016 Monthly
\$148.00 275 Majesty
Drive, #275
Agreement # 708411
8/31/2016 Monthly
\$273.24 280 Kenbrook
Lane #203
Agreement # 708411
9/28/2016 Monthly
\$345.14 5220 Binford St
#103
Agreement # 708411
9/28/2016 Monthly
\$345.14 5220 Binford St
#201

State the term remaining

List the contract number of any government contract

Cort Furniture Rental
PO Box 17401
Baltimore, MD 21297-1401

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.18. State what the contract or lease is for and the nature of the debtor's interest

Various water coolers -**Agreement # 78508313:****2/16/15 - 2/16/16****Monthly \$3.95 West****Support Main Office****2/16/15 - 2/17/16****Monthly \$3.95 Tour****Center****2/16/15 - 2/18/16****Monthly \$3.95 Grounds****Maintenance****2/16/15 - 2/19/16****Monthly \$3.95 3rd Floor****Breakroom****2/16/15 - 2/20/16****Monthly \$3.95 Security****Control Area****2/16/15 - 2/21/16****Monthly \$3.95 Control****Room Central****2/16/15 - 2/22/16****Monthly \$3.95 Central****Receiving****2/16/15 - 2/23/16****Monthly \$3.95 Gate B****Guard Shack****2/16/15 - 2/24/16****Monthly \$3.95****HR/Purchasing Dept****3/6/15 - 3/6/16 Monthly****\$3.95 Fitness Center****4/6/15 - 4/6/16 Monthly****\$3.95 M & E Vendor****Office****5/18/15 - 5/18/16****Monthly \$3.95****Materials/ IT/AA****5/18/15 - 5/18/16****Monthly \$3.95 M & E****Breakroom**

State the term remaining

List the contract number of any government contract

**Diamond Springs Water Inc.
PO Box 667887
Charlotte, NC 28266**

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.19. State what the contract or lease is for and the nature of the debtor's interest

Copier - Agreement #
20171314 10/3/2014 -
10/2/2017 Monthly
\$263.52 Admin
Copier - Agreement #
20186300 2/13/2015 -
10/12/2018 Monthly
\$181.45 HR/Purchasing
Copier - Agreement #
41458209 10/31/2016 -
10/31/2019 Monthly
\$181.45 Production
Copier - Agreement #
20266760 10/31/2016 -
10/31/2019 Monthly
\$181.45 M & E

State the term remaining

List the contract number of any government contract

Ever Bank Commercial Finance, Inc.
PO Box 911608
Denver, CO 80291-1608

- 2.20. State what the contract or lease is for and the nature of the debtor's interest

Fork Lifts - Agreement
9788649:
12/11/2014 - 12/11/2018
Monthly \$730.54
12/11/2014 - 12/11/2018
Monthly \$730.54
12/11/2014 - 12/11/2018
Monthly \$730.54

State the term remaining

List the contract number of any government contract

HYG Financial Services Inc.
PO Box 14545
Des Moines, IA 50306-3545

- 2.21. State what the contract or lease is for and the nature of the debtor's interest

Floor Scrubber -
Agreement # 9788649
12/11/2014 - 12/11/2019
Monthly \$421.08

State the term remaining

List the contract number of any government contract

HYG Financial Services Inc.
PO Box 14545
Des Moines, IA 50306-3545

- 2.22. State what the contract or lease is for and the nature of the debtor's interest

Rental Agreement
6/27/17

State the term remaining

List the contract number of any government contract

Innovative Machine Corporation
PO Box 9904
Birmingham, AL 35220

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.23. State what the contract or lease is for and the nature of the debtor's interest

Corp Apt:
3/3/16 - 3/2/17 Monthly
\$1,035.00 11213 S
Gemini Springs Dr
3/1/15 - 3/1/16 Monthly
Expired 13209 S Gemini
Springs Dr
3/3/16 - 3/2/17 Monthly
\$1,100.00 11321 S
Gemini Springs Dr
3/1/16 - 2/28/17 Monthly
\$995.00 17319 Blue
Springs Dr
3/1/16 - 2/28/17 Monthly
\$1,035.00 11313 S
Gemini Springs Dr
4/23/15 - 4/23/16
Monthly Expired 18201
Blue Springs Dr

State the term remaining

List the contract number of any government contract

Integra Springs, LLC
4800 Integra Springs Drive
Kannapolis, NC 28081

- 2.24. State what the contract or lease is for and the nature of the debtor's interest

Purchase Order
8/18/2014

State the term remaining

List the contract number of any government contract

Jonas & Redmann
Kaiserin-Augusta-Allee 113
Berlin Germany

- 2.25. State what the contract or lease is for and the nature of the debtor's interest

Purchase Addendum

State the term remaining

List the contract number of any government contract

Jonas & Redmann
Kaiserin-Augusta-Allee 113
Berlin Germany

- 2.26. State what the contract or lease is for and the nature of the debtor's interest

Security Agreement

State the term remaining

List the contract number of any government contract

Jonas & Redmann
Kaiserin-Augusta-Allee 113
Berlin Germany

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.27. State what the contract or lease is for and the nature of the debtor's interest

Corp Apt:
6/1/16 - 3/31/17 Monthly
\$1,035.00 5060 Avent
Drive NW, #104
6/1/16 - 3/31/17 Monthly
\$1,035.00 5060 Avent
Drive NW, #106
6/27/16 - 4/26/17
Monthly \$1,475.00 275
Majestry Drive, #275
8/29/16 - 8/28/17
Monthly \$965.00 280
Kenbrook Lane #203
9/25/16 - 9/24/17
Monthly \$1,375.00 5220
Binford St #103
9/26/16 - 9/25/17
Monthly \$1,389.00 5220
Binford St #201
11/30/16 - 11/29/17
Monthly \$1,049.00 5020
Avent Drive NW #206

State the term remaining

List the contract number of any government contract

Legacy Concord Land, LLC
5020 Avent Drive NW
Concord, NC 28027

- 2.28. State what the contract or lease is for and the nature of the debtor's interest

Corp Apt: 7/1/16 -
6/30/17 Monthly
\$3,400.00 420 Queens
Rd Apt #1

State the term remaining

List the contract number of any government contract

My Townhome LLC
1500 South Boulevard, Suite 101 B
Charlotte, NC 28203

- 2.29. State what the contract or lease is for and the nature of the debtor's interest

Golf Cart - Agreement #
9788649
12/18/2014 - 12/17/2016
Monthly \$322.00
Materials

State the term remaining

List the contract number of any government contract

NMGH Financial Services
83 Wooster Hts, Floor 5
Danbury, CT 06810-7552

- 2.30. State what the contract or lease is for and the nature of the debtor's interest

BMS Product Order;
BMS Produce and
License Agreement
2/20/2015

State the term remaining

List the contract number of any government contract

Nuvation Research Corporation
151 Gibraltar Court
Sunnyvale, CA 94089-1301

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.31. State what the contract or lease is for and the nature of the debtor's interest

March 23, 2016, the Debtor entered into a joint venture with Ormat Technologies and its affiliates to jointly develop and own a 12 MV energy storage project in Georgetown, Texas. A Supply Agreement was entered by the Debtor wherein it agreed to deliver equipment to the project site or before October 1, 2016.

State the term remaining

List the contract number of any government contract

**ORMAT Technologies, Inc.
6225 Neil Road
Reno, NV 89511-1136**

2.32. State what the contract or lease is for and the nature of the debtor's interest

Consignment Agreement - 07/17 2 years

State the term remaining

List the contract number of any government contract

**P-D Interglas Technologies GmbH
PF 110389151
Erbach Germany**

2.33. State what the contract or lease is for and the nature of the debtor's interest

Partnership Agreement

State the term remaining

List the contract number of any government contract

**Parker Hannifin Corporation
7851 Collection Center Drive
Chicago, IL 60693**

2.34. State what the contract or lease is for and the nature of the debtor's interest

Supply Agreement - Inverters

State the term remaining

List the contract number of any government contract

**Parker Hannifin Corporation
7851 Collection Center Drive
Chicago, IL 60693**

2.35. State what the contract or lease is for and the nature of the debtor's interest

Supply Agreement - Control Cabinets**Parker Hannifin Corporation
7851 Collection Center Drive
Chicago, IL 60693**

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement - Chiller**

State the term remaining

List the contract number of any government contract _____

Parker Hannifin Corporation
7851 Collection Center Drive
Chicago, IL 60693

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement - Combiner Box**

State the term remaining

List the contract number of any government contract _____

Parker Hannifin Corporation
7851 Collection Center Drive
Chicago, IL 60693

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **DI Water Sys - 15012231 Rev1 3/23/2015 - 9/23/2016 Monthly \$750/\$787 maint Mixing System**

State the term remaining

List the contract number of any government contract _____

Pureflow, Inc.
1241 Jay Lane
Graham, NC 27253

- 2.39. State what the contract or lease is for and the nature of the debtor's interest **Purchase Order**

State the term remaining

List the contract number of any government contract _____

Sempa Systems GmbH
GrenzstraBe 131109
Dresden Germany

- 2.40. State what the contract or lease is for and the nature of the debtor's interest **Purchase Order**

State the term remaining

List the contract number of any government contract _____

Solith
c/o Sovema Group S.p.A.
Via Spagna 13, 37069
Villafranca di Verona VR Italy

Debtor 1 **ALEVO MANUFACTURING, INC.**

First Name

Middle Name

Last Name

Case number (if known) **17-50877****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.41. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**
10/20/2014

State the term remaining

List the contract number of any government contract

Superb Industries, Inc.
100 Innovation Plaza
Sugarcreek, OH 44681

- 2.42. State what the contract or lease is for and the nature of the debtor's interest **Purchase Order**

State the term remaining

List the contract number of any government contract

Superb Industries, Inc.
100 Innovation Plaza
Sugarcreek, OH 44681

- 2.43. State what the contract or lease is for and the nature of the debtor's interest **Purchase Order**
Addendum

State the term remaining

List the contract number of any government contract

Superb Industries, Inc.
100 Innovation Plaza
Sugarcreek, OH 44681

- 2.44. State what the contract or lease is for and the nature of the debtor's interest **Parent Company**
Guaranty

State the term remaining

List the contract number of any government contract

Superb Industries, Inc.
100 Innovation Plaza
Sugarcreek, OH 44681

Fill in this information to identify the case:Debtor name **ALEVO MANUFACTURING, INC.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**Case number (if known) **17-50877**
☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	<i>Check all schedules that apply:</i>
2.1 Alevo Group S.A.	c/o Markus Adler Chief General Counsel Rue des Finettes 110 1920 Martigny Switzerland	Jonas & Redmann	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Alevo Group S.A.	c/o Markus Adler Chief General Counsel Rue des Finettes 110 1920 Martigny Switzerland	Parker Hannifin Corporation	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Alevo Group S.A.	c/o Markus Adler Chief General Counsel Rue des Finettes 110 1920 Martigny Switzerland	Superb Industries, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Alevo Group S.A.	c/o Markus Adler Chief General Counsel Rue des Finettes 110 1920 Martigny Switzerland	ORMAT	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name ALEVO MANUFACTURING, INC.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINACase number (if known) 17-50877
☒ Check if this is an amended filing
Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**
☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year
Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2017** to **Filing Date**
☒ Operating a business
☐ Other _____
\$0.00
For prior year:
From **1/01/2016** to **12/31/2016**
☒ Operating a business
☐ Other _____
\$0.00
For year before that:
From **1/01/2015** to **12/31/2015**
☒ Operating a business
☐ Other _____
\$0.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.
Description of sources of revenue
Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2017** to **Filing Date**
No Other Third Party Revenue
\$0.00
For prior year:
From **1/01/2016** to **12/31/2016**
No Other Third Party Revenue
\$0.00
For year before that:
From **1/01/2015** to **12/31/2015**
No Other Third Party Revenue
\$0.00**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. N/A	See Attached	\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Anthony Walsh 913 Hanover Drive NW Concord, NC 28027 Former Director	01/2017 \$52,882.59; 2/2017 \$52,882.59; 3/2017 \$52,882.59; 4/2017 \$52,882.59; 5/2017 \$52,882.59; 6/2017 \$52,882.59; 7/2017 \$52,882.59; 8/2017 \$52,882.59	\$395,045.32	Severance Agreement Payments
4.2. Ron Jackson 7349 Talbot Drive, Apt 201 Lansing, MI 48917	01/2017 \$15,904.84; 02/2017 \$15,904.84; 03/2017 \$15,904.84	\$47,714.52	Severance Agreement Payments

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877**

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.3. Tord Eide 547 Brightleaf Place NW Concord, NC 28027	1/31/2017 \$1,887.08; 2/28/2017 \$918.54; 3/17/2017 \$918.54; 4/17/2017 \$918.54; 5/17/2017 \$918.54; 6/19/2017 \$918.54; 7/17/2017 \$918.54	\$7,398.32	Car Payment as part of Severance Agreement

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877****Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Nelson Mullins Riley & Scarborough, LLP 4140 Parklake Avenue, Glenlake One Suite 200 Raleigh, NC 27612	\$33,680 in fees and \$189.00 in expenses for pre-bankruptcy strategy was paid by Alevo International SA A retainer of \$125,000 was paid by the Debtor and work done immediately before the filing was paid from that retainer in the amount of \$16,474.00, leaving a retainer balance of \$108,526.00	8/11/2017 8/17/17	 \$158,869.00
Email or website address			
Who made the payment, if not debtor? See description			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877**☒ Does not apply**Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services
the debtor provides****If debtor provides meals
and housing, number of
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Principal Financial Group, Principal Life Insurance Company,
Des Moines, IA 50392-0001, 800-986-3343, www.principal.com****Employer identification number of the plan**EIN: **42-0127290**

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None**Financial Institution name and
Address****Last 4 digits of
account number****Type of account or
instrument****Date account was
closed, sold,
moved, or
transferred****Last balance
before closing or
transfer**18.1. **Wells Fargo Bank, N.A.
305 N. Tryon Street
Charlotte, NC****XXXX-3949**

- ☒ Checking
- ☐ Savings
- ☐ Money Market
- ☐ Brokerage
- ☐ Other__

08/31/2017**\$142,779.48**

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877**

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.2. Wells Fargo Bank, N.A. 305 N. Tryon Street Charlotte, NC	XXXX-9051	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Payroll Account</u>	08/31/2017	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Ally Financial, Inc. PO Box 9001948 Louisville, KY 40290		two leased pickup trucks	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
HYG Financial Services Inc. PO Box 14545 Des Moines, IA 50306-3545		Leased forklifts and floor scrubbers	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Jonas & Redmann Kaiserin-Augusta-Allee 113 Berlin Germany		Tool boxes, misc tools, misc supplies	\$0.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877**

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Davidson Holland Whitesell & Co. PLLC 209 13th Avenue NW, Suite 200 Hickory, NC 28601	4/11/2016; 4/6/2017

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Davidson, Holland, Whitesell & Co., PLLC 209 13th Avenue Place NW, Suite 200 Hickory, NC 28601	4/11/2016; 4/6/2017

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877**☒ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Adam Ryan	8/18/2017	\$14,024,225.51
	Name and address of the person who has possession of inventory records		
	Alevo Manufacturing		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Peter Heintzelman	3105 Willow Oak Road Charlotte, NC 28209	President	0

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Scott Schotter	16153 Bristol Point Drive Delray Beach, FL 33446	Officer/Director	Through 1/16/2017
Name	Address	Position and nature of any interest	Period during which position or interest was held
Stein Christiansen	6294 NW 65th Terrace Pompano Beach, FL 33067	Officer	Through 1/16/2017
Name	Address	Position and nature of any interest	Period during which position or interest was held
Anthony Walsh	913 Hanover Drive NW Concord, NC 28027	Director	Through 1/16/2017

Debtor **ALEVO MANUFACTURING, INC.**Case number (if known) **17-50877****30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 12, 2018**

/s/ PETER HEINTZELMAN
 Signature of individual signing on behalf of the debtor

PETER HEINTZELMAN
 Printed name

Position or relationship to debtor **PRESIDENT**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Middle District of North Carolina**

In re **ALEVO MANUFACTURING, INC.**

Debtor(s)

Case No. **17-50877**

Chapter **11**

VERIFICATION OF CREDITOR MATRIX - AMENDED

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **February 12, 2018**

/s/ PETER HEINTZELMAN

PETER HEINTZELMAN/PRESIDENT

Signer/Title

3M Company
PO Box 371227
Pittsburgh, PA 15250-7227

AC Controls Company Inc.
PO Box 63243
Charlotte, NC 28263-3243

Accounting Principals, Inc.
Dept CH 14031
Palatine, IL 60055

Action Industrial Supply
924 Cochran Street
Statesville, NC 28677

Adam Ryan
5100 Downing Creek Drive
Charlotte, NC 28269

ADP Screening & Selection Services, Inc.
PO Box 645177
Cincinnati, OH 45264-5177

Advanced Electronic Services, Inc.
101 Technology Lane
Mount Airy, NC 27030

Advanced Lithium Electrochemistry Co.
2-1, Hsing Hua Road
Taoyuan City, 33068
Taiwan, Province of China

Advanced Machining & Tooling, LLC
215 Forbes Avenue
Salisbury, NC 28147

AERIS Enviromental, Inc.
1440 Blueberry Lane
Charlotte, NC 28226

Aerotek, Inc.
3689 Collection Center Drive
Chicago, IL 60693

Airgas USA, LLC
PO Box 532609
Atlanta, GA 30353-2609

Alan Childers
2512 Applegate Drive
Concord, NC 28027

Alan DuPree
3441 Yarmouth Lane
Gastonia, NC 28056

Alan Watkins
9951 Barnett Road
Concord, NC 28027

Alantum Advanced Technology Materials
IIIB-6 Dalian Free Trade Zone
Dalian City, Liaoning Province
P.R. China 116600

Alevo Group S.A.
c/o Markus Adler
Chief General Counsel
Rue des Finettes 110
1920 Martigny | Switzerland

Alevo International SA
Rue des Finettes 110
1920 Martigny, Valais
Switzerland

Alfa International Ent. Ltd.
6540 Gottardo Court
Mississauga Canada

Alfred Barrier
303 Melrose Drive
Concord, NC 28025

Alison Sloop
10555 Mt. Olive Road
Mount Pleasant, NC 28124

Allied Bearings & Supply, Inc.
274 Monroe Street
Statesville, NC 28677

Allied Caster & Equipment Co.
3841 Corporation Circle
Charlotte, NC 28216

Allied Electronics, Inc.
7151 Jack Newell Boulevard South
Fort Worth, TX 76118

Ally Financial, Inc.
PO Box 9001948
Louisville, KY 40290

Alton Love
9075 Robinson Church Road
Harrisburg, NC 28075

Amelia Langford
117 Faires Avenue
Belmont, NC 28012

American Safety Clothing, Inc.
30 East Park Avenue
Sellersville, PA 18960-2731

Andree Kiser
6700 Santa Claus Road
Monroe, NC 28110

Andrew Butler
2804 Island Point Drive
Concord, NC 28027

Anita Blackwelder
610 S. Valley Street
Landis, NC 28088

Anthony Kelly
3106 MBA Court
Concord, NC 28027

Antonio Little
1028 Linder Drive
Concord, NC 28027

Applied Industrial Technologies-Dixie, I
22510 Network Place
Chicago, IL 60673-1225

April Brown
3514 Balsam Tree Drive
Charlotte, NC 28269

Arlen Boyajian
5720 Carnegie Boulevard, #1308
Charlotte, NC 28209

Armstrong Relocation
4400 Westinghouse Boulevard
Charlotte, NC 28273

Atlas Copco Compressors LLC
3042 Southcross Boulevard, Suite 102
Rock Hill, SC 29730

ATS Automation Global Services USA, Inc.
730 Fountain St North, Bldg 2
Cambridge, ON N3H 4R7
Canada

ATS Carolina Inc.
1510 Cedar Line Drive
Rock Hill, SC 29730

Automation Technology, Inc.
PO Box 348
Concord, NC 28206-0348

AutomationDirect.com, Inc.
PO Box 402417
Atlanta, GA 30384-2417

Bahnson, Inc.
4731 Commercial Park Court
Clemmons, NC 27012

Barbara Arico
3430 Lipe Road
China Grove, NC 28023

Barbara Davidson
1 Buffalo Avenue NW, Apt. 63
Concord, NC 28025

Barbara Elam
555 Wrenn Drive
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Via Spagna 13, 37069
Villafranca di Verona VR Italy

Soltex, Inc.
3707 FM 1960 West, Suite 560
Houston, TX 77068

Southeastern Freight Lines, Inc.
PO Box 100104
Columbia, SC 29202-3104

Sovema S.P.A.
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Villafranca di Verona VR
Italy

Spiroflow Systems, Inc.
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Concord, NC 28025

Staff Masters
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Stanley Honeycutt
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Staples
Dept. ATL
PO Box 405386
Atlanta, GA 30384-5386

State Electric Supply Co.
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Charlotte, NC 28289-0889

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Stephen Hall
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Charlotte, NC 28213

Stephen Winger
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Stockcap
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Arnold, MO 63010

Stuart Brandt
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Burlington, NC 27217

Stuart Pope
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Concord, NC 28025

Sunbelt Rentals, Inc.
PO Box 409211
Atlanta, GA 30384-9211

Superb Industries, Inc.
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Sugarcreek, OH 44681

Superior Service & Supply
PO Box 5753
Concord, NC 28027

Swagelok North Carolina | East Tennessee
221 Beltway Boulevard
Matthews, NC 28104

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Tera Stroud
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Termaine Thompson
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Terminix Service, Inc.
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Columbia, SC 29210

Terrell Hampton
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Rock Hill, SC 29732

The Massey Company, Inc.
9006-A Permitter Woods Drive
Charlotte, NC 28216

Thermotech LLC
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Hopkins, MN 55343

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Huntersville, NC 28078

Thomas O'Leary
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Tonya Kettler
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Harrisburg, NC 28075

Turner Moore
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Tyeisha Campbell
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Tyler Byrnes
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Tyler George
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United Way of Central Carolina's, Inc.
PO Box 890685
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Vanessa Waller
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Vickie Powell
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General Ermolov St. 2 Apt 7
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Henderson, NV 89052

Waggoner Manufacturing Co., Inc.
1065 Hall Road
Mount Ulla, NC 28125

Walter Norton
14825 Bethel Avenue Ext
Midland, NC 28107

Waste Pro of North Carolina, Inc.
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